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# Virginia Woolf and Illness

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# Virginia Woolf Miscellany

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## ISSUE 89, SPRING 2016

TRULY MISCELLANEOUS

EDITOR: DIANA L. SWANSON

### To the Readers:

I hope that, like me, you—dear reader—will find these essays and reviews interesting and worthwhile confirmations of the continuing vitality of Woolf's writings and of Woolf studies. Having spent much of my scholarly career reading and writing about Woolf, I find myself from time to time returning to Woolf's warning about participating in the kind of scholarship which produces "the seventieth study of Keats and his use of Miltonic inversion" (*A Room of One's Own* 118). Beginning in the 1970s, feminist scholars have turned Woolf from a minor modernist into a canonical one. A simple search of the MLA International Bibliography using "Woolf, Virginia" as the search term comes up with 6,337 hits (as of December 21, 2016). The same type of search using "Joyce, James" brings 11,837 hits, so it seems that we Woolfians have not overdone our author as much as the Joyceans! Nevertheless, one would "need to be a herd of elephants [...] and a wilderness of spiders [...] to cope with all [the Woolf-related items]" (AROO 34) pulled up by an MLA search. Woolf's own words caution us to avoid using our intellectual energy and talents simply to repeat and maintain an elitist cultural hierarchy. To join the "procession of educated men" (*Three Guineas* passim) without replicating their ways has been my ambition since I quoted *Three Guineas* in my graduate school application essays. So are we saying something new and worthwhile when we indite, edit, and publish new studies of Virginia Woolf?

The essays published in VWM 89 do, I believe, contribute worthwhile insights into our understanding of Woolf and our understanding of the value of literary study in the age of electronic communication, "big data," STEM-focused education, globalization, and (dare I say it) the recent electoral successes around the world of populist demagogues like Trump. In this regard, I should mention Madelyn Detloff's important new book *The Value of Woolf* (Cambridge UP, 2016); you can watch a video of Professor Detloff explaining the kernel of her book, that Woolf offers rich resources for exploring the big questions of how to live well and creatively in our troubled world, at this link: <<https://www.youtube.com/watch?v=PKBIV3Zcu2Q&feature=youtu.be>>. In ways that affirm Detloff's perspective on Woolf, the essays in this issue develop themes of identity, power, oppression, creativity, cultural difference, aesthetics, history, and the body and underscore Woolf's theory and practice of the creative word.

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Virginia Woolf and Indigenous Literatures

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Deadline for submissions:

March 31, 2017

#### Issue #93--Spring 2018:

Woolf, Bloomsbury, and biofiction

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Almost a Century: Reading Jacob's Room

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## ISSUE 90, FALL 2016

VIRGINIA WOOLF AND ILLNESS

GUEST EDITOR: CHERYL HINDRICHS

### To the Readers:

*On Being Ill*. "Is that a user's guide?" This question, or a clever variation on it, became a familiar refrain when the elegant Paris Press edition's cover, conspicuously abandoned on my bed table, caught the eye of one of the many nurses or phlebotomists who rotated through my ward over four weeks—weeks coinciding with what should have been my rereading of Woolf's 1926 *On Being Ill* (OBI) as well as the impressive range of essays which you may now also read at your leisure in the second section of this double issue of the *Miscellany*, whether "in the army of the upright" or "lying recumbent" (OBI 12-13), and certainly with the reassurance that pants provide. The truth was (and "illness is the great confessional" [OBI 11]), although that was my intent, and its presence on the valuable real estate of the bed table certainly was an incentive, I didn't quite get around to rereading Woolf's essay while in hospital that first month. With the hubris of the ill and without "the cautious respectability [that] health conceals" (OBI 11), I felt at that point I could sing the thing. I had the unfortunate habit of quoting it at visitors and the rare hospitalist calls—sometimes drawing on Susan Sontag's *Illness as Metaphor* to consider the metaphor of citizenship that both authors explore—"Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place" (Sontag 3).

Although both Woolf and Sontag see illness as a change in citizenship, Sontag's essay seems at odds with Woolf's (and Sontag's own) opening gambit, which goes on to claim to describe "not physical illness itself but the uses of illness as a figure or metaphor" (3). Woolf's essay both describes what Sontag rejects—"what it is really like to emigrate to the kingdom of the ill" (Sontag 3)—and encourages both writers and readers to reconsider illness's conventional narrative paradigms. For Woolf the experience of illness is always mediated by discourse and metaphor—there is no "illness itself" apart from language, and it is an experience that exposes the limitations of existing discourse and invites new figurations: in other words, to make and to see it new. A close reading, like Lynne Mijangos's in this issue, reveals that Woolf's essay calls for a reexamination of *On Being Ill* in the same spirit that we've returned so productively

Cheryl Hindrichs' Introduction to Woolf and Illness continues on page 44, column 2.

best mother anyone could have ever had” (127). Vita herself, perhaps befuddled by the idea of motherhood, neglects her own two boys, Ben and Nigel Nicolson. Daughters shuttle between parents, trying to keep the lines of communication open. More often than not, fathers fill the emotional void. Victoria’s father, Lionel Sackville-West, makes Victoria the emotional center of his life after her mother dies, and engages her to act as his hostess when he becomes England’s Ambassador to the United States. When Victoria rages at Vita, Vita clings to her father, the younger Lionel Sackville-West. A generation later, Harold Nicolson becomes the father who “mothers” his two boys: he counsels them through difficult emotional times in their adolescence and, as Juliet Nicolson puts it, “fill[s] the sensitive maternal role for his two sons” (136).

These patterns—maternal abandonment, fatherly support, daughterly confusion and devotion—dominate the second half of *A House Full of Daughters*. In her account of her life with her own mother and father, Philippa Tennyson d’Eyncourt and Nigel Nicolson, we see Nicolson struggling to come to terms with her mother’s many desertions of her family and children. To the child Juliet, Philippa seems always to be leaving the family home for some unnecessary “vacation” in the south of France. As a result, Juliet is sent to boarding schools she despises, where she cries herself to sleep every night. Nigel Nicolson, to the extent he can, fills the void. He takes his children out in rowboats in the Hebrides and on vacations to Ireland and Norway. For the first week Juliet is away at boarding school, he writes her every day; then three letters a week for the next three weeks; then one letter a week for the rest of her life, whenever they are apart from each other. Repeating a familiar familial pattern, Juliet becomes central to her father’s life and acts as his hostess and emotional mainstay. In the course of her struggle to understand her mother, Juliet Nicolson grows to understand the extent to which Philippa herself had been abandoned by emotionally remote parents who considered her to be a disappointment and inconvenience. Philippa herself never learned how to love as a child, much less rely on herself or love a child. As Philippa descends into alcoholism, and into loneliness, regret, and denial, Juliet Nicolson struggles to save her, but is pushed away a final time.

The last pages of *A House Full of Daughters* tell the story of Juliet Nicolson’s marriage and the birth of her two daughters. It is her own motherhood that finally provides Nicolson with the perspective that makes forgiveness and redemption possible. By the closing pages of *A House Full of Daughters*, Nicolson has gained the distance and emotional insight to forgive her mother, to invest herself in other women’s lives, and to see the future in promising bright colors, through the eyes of her granddaughter, Imogen.

Although Juliet Nicolson’s experience of the family romance is very different from Virginia Woolf’s, both writers come to terms with losing a mother and both also profit from the guidance of a mentoring father. This remarkable book has both scope and depth: the sweep of seven generations of Sackvilles and Nicolsons—much glamour and much pain—seen through the eyes of a sensitive and gifted daughter of the twenty-first century. This book is beautifully written and a delight to read, both for the color of the family plot and for the clarity of its psychological insight. *A House Full of Daughters* is a book one shouldn’t miss.

**Katherine C. Hill-Miller**  
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# Issue 90, Fall 2016 Virginia Woolf and Illness

edited by

Cheryl Hindrichs



## Cheryl Hindrichs’ Introduction to Virginia Woolf and Illness

(continued from Page 1, Column 2)

to her other key texts—“Modern Fiction” for example for its aesthetic manifesto, and *A Room of One’s Own* for its feminist framework—as a provocation to reassess our paradigms for reading modernism. This issue’s essays show that Woolf’s meditations on illness not only have implications for new directions in disability and feminist studies (Claire Barber-Stetson, Elise Swinford, and Layla Colón Vale), but also for late modernist studies (Jane Salisbury and Naomi Milthorpe), and our understanding of modernism in its historical and cultural contexts (David Eberly, David Rasmussen, and Eileen Yu).

The virtuoso opening sentence of *On Being Ill* (if you haven’t had the opportunity to read it, take a moment for yourself to do so) asks why, given “how common illness is, how tremendous the spiritual change that it brings,” it “has not taken its place [...] among the prime themes of literature” (4) alongside love, war, and jealousy? “Novels, one would have thought,” Woolf writes, “would have been devoted to influenza” (OBI 4). Modernist novels, one would add, in particular. Certainly illness is general all over modernism, but our critical discussion about the modernist body has focused on sexuality, the war, and psychology. As scholars, we readily recognize the end of the First World War, 1918, as a momentous year; its far reaching trauma opened up a chasm that has definitively marked modernism. Woolf’s essay reminds us that there is another definitive historical trauma twinned with the war that shaped modernist writers, one that literary critics have largely failed to recognize. The tone of Woolf’s opening sentence, which might strike one as quixotic—the implied absurdity of a novel devoted to influenza—takes on a darker humor when one contrasts the scope of the global 1918 influenza pandemic and the scope of WWI. Compared to the estimated 9 million that died in the war’s four years, current estimates are “that the 1918-1920 influenza pandemic killed at least 50 million worldwide and probably closer to 100 million” in less than two years (Fisher 14). (This bit of trivia, with its satisfying statistical thud, proved very popular with the medical staff who asked what I was “working on”—“Virginia Woolf” sometimes led to “are you in biology or the environment then?”). At

least one-fifth of the world's population was decimated by a disease that spread and acted rapidly, killing its victims often within one day, and that had no cure. Given the ubiquity and virulence of illness for modernists, why then, have we lacked a paradigm for reading it?

Thanks to a confluence of interdisciplinary work—the steady progress in establishing the field of the medical humanities by writers like Rita Charon and Susan M. Squier, the bird flu scares of the last decade that have prompted new detailed histories of the 1918 flu pandemic (as well as a flood of cinematic apocalypses), and the Paris Press reissue of Woolf's *On Being Ill* (first published as a monograph by the Hogarth Press in 1926)—it is now possible to see and say that one of the decisive shaping forces of the early twentieth century was the worldwide influenza pandemic. Woolf scholars such as Lorraine Sim, Kimberly Engdahl Coates, and Madelyn Detloff, and scholars of the pandemic such as Jane Fisher, study illness in Woolf's work without, as Woolf writes, "taper[ing] into mysticism, or ris[ing] [...] into the raptures of transcendentalism" (OBI 6). Rather than reading illness through a psychoanalytic lens, they have forged new paths in asking us to attend to how Woolf tackles "this monster, the body, this miracle, its pain" (OBI 6). In illuminating new introductions to Woolf's essay and its companion piece *Notes from Sick Rooms* by Woolf's mother, Julia Stephen, Hermione Lee and Mark Hussey have made powerful arguments for the importance of *On Being Ill* in understanding Woolf's aesthetics and philosophy.

Elizabeth Fisher argues that the pandemic was suppressed in literature between the wars because reading about the event would have been difficult for survivors, whereas today creative nonfiction writers find it a fertile "historical trauma" (37). Often, I would add, and oddly, in new children's books. This should also be true of WWI, and indeed its appearance in literature and criticism was not immediate and often is characterized by modernist techniques to create absences and silence. We can thus take a cue from the tradition of literary criticism of war trauma in modernism, a criticism so productive that it has also occluded our recognition of the ubiquity of the pandemic, to reconsider those absent presences. For example, prominent ghosts appear in *The Waste Land*, in the first section titled "Burial of the Dead": "Unreal City, / Under the brown fog of a winter dawn, A crowd flowed over London Bridge, so many, / I had not thought death had undone so many. Sighs, short and infrequent, were exhaled" (60-64). Typically, the crowd is read as the speaker's hallucination of war dead. However, might we not also consider this an evocation of the "Unreal" city of the pandemic, when the burial of the dead was so overwhelming that funeral homes ran out of coffins, undertakers, and transport, and family members were indeed buried in back gardens. "'That corpse you planted last year in your garden, / Has it begun to sprout? Will it bloom this year?'" (71-72). The trauma of the pandemic, coupled with the trauma of the war, would take several years to "sprout" and bloom into a garden of strange flowers.

Such moments are oblique to us, but would have been immediately recognizable by Eliot's and Woolf's contemporary readers who had shared that experience. As Hermione Lee has argued, the most evocative presences of the pandemic's losses are captured in the opened silences of Woolf's work (xix). For example, the empty house, empty arms, and devastating parenthesis of "Time Passes." The two-syllable repeated names called and unanswered throughout Woolf's work: "Rachel, Rachel" in *The Voyage Out*, "Jacob, Jacob," in *Jacob's Room*, "Mrs. Ramsay, Mrs. Ramsay" in *To the Lighthouse*. It is through Woolf's ability to create this palpable absence, a palpable silence that pierces the reader with a rhythm aching for its answer, that Woolf overcomes our formulas for resisting with false sympathy or commemoration and instead begin to engage with the common experience of imperfect sympathy and loss.

Woolf's essay argues that illness has not been a prime theme of literature because, perhaps, of the "poverty of language" (OBI 6). Illness, according to Woolf, has no "ready made" models (OBI 7). This

dearth of language, of narrative paradigms in the literary tradition, has implications for lived experience: "The merest schoolgirl, when she falls in love, has Shakespeare or Keats to speak her mind for her; but let a sufferer try to describe a pain in his head to a doctor and language at once runs dry. There is nothing ready made for him. He is forced to coin words himself" (OBI 6-7). Here, Woolf makes the case for her work as well as other modernists who would "make it new": forced to abandon the given plots and known meaning making structures, illness produces the modernist writer experimenting with new words and forms. Doubting that English writers will "take liberties with the language," she calls on Americans to answer the call for "a new language [...], more primitive, more sensual, more obscene" as well as "a new hierarchy of the passions; love must be deposed in favor of a temperature of 104; jealously give place to the pangs of sciatica; sleeplessness play the part of villain, and the hero become a white liquid with a sweet taste" (OBI 7-8).

Whereas Sontag claims "that illness is *not* a metaphor, and that the most truthful way of regarding illness—and the healthiest way of being ill—is one most purified of, most resistant to, metaphoric thinking" (3), Woolf writes a manifesto replete with and calling for more metaphoric thinking, and, further, she draws the reader to see what might be glimpsed if this unconventional perspective were extended to habitual ways of seeing. Although Sontag's work is important in revealing the Foucauldian dynamics underlying conventional designations of the healthy and the well and a check on the impulse to sentimentalize illness, her fundamental rejection of metaphoric thinking would leave illness in the literary quarantine or surrender it to the new professional medical discourse that Woolf wrote against. Each of us in America who has been asked to "describe your pain" by pointing to a number corresponding to a smiling or unsmiling cartoon face in the Wrong-Baker FACES Pain Rating Scale would no doubt join Woolf in desiring aesthetic innovation that would alter not only the tradition but also the well of experience for the reader to draw upon in life.

Although Woolf felt Eliot was skeptical of *On Being Ill*, he published its first version in the *New Criterion* in January 1926 (Lee xx), and like Woolf, T. S. Eliot argued for new paradigms for making the tradition useful to the individual contemporary talent. In "The Metaphysical Poets," Eliot suggests that the historical, material contexts of modernity dictate not a universal rule for the scope of the poet, but argues the "variety and complexity" of civilization "playing upon a refined sensibility, must produce various and complex results" in modern poetry (2330). He thus positions his individual talent within the tradition (calling out Racine and Baudelaire) as combining innovative diction (the poet must be "more and more comprehensive, more allusive, more indirect, in order to force, to dislocate if necessary, language into his meaning") with a sensibility that can connect "soul" and soma (2331). For Eliot, modernism's inward turn was not a turn away from the body or material culture but a passionate pursuit of how the self is experienced as a kind of mobius strip of psyche and soma. Eliot writes, "Those who object to the 'artificiality' of Milton or Dryden sometimes tell us to 'look into our hearts and write.' But that is not looking deep enough; Racine or Donne looked into a good deal more than the heart. One must look into the cerebral cortex, the nervous system, and the digestive tracts" (2331). Where criticism has noted outliers such as the anti-modernist modernist D.H. Lawrence as readily riffing on the digestive tracts (see also Joyce), analysis tends to focus on the body within the matrix of sex. On the other side of the spectrum, the modernism of Eliot, Woolf, and Proust has been characterized by its cerebral and psychological acuity—its abstraction from the body. Woolf herself helped develop our paradigm for reading modernism by distinguishing between the "materialists" of conventional fiction and modernists such as Joyce whose work was "spiritual" (1925). "Spiritual," it should be noted, is how Woolf describes the change illness brings to our sense of life in "On Being Ill," reorienting mind with body. Elise Swinford in this issue adroitly uses Madelyn Detloff's phrase



“neuro/affective atypicality” to describe Woolf’s approach to the psyche/soma connection of the body in illness.

Our paradigms for reading illness in modernism will need to be informed by the historical context of the pandemic and alert for articulate silences. The swift, ubiquitous slaughter of the pandemic and its undermining of medical authority made it unsympathetic to the paradigms of conventional portrayals of the war that dominated the period’s social and historical narratives, designed to contain the war’s trauma in larger structures of meaning. As sociologists and scientists today exhume the pandemic, reacquainting ourselves with this history will not only illuminate marginalized texts—particularly those of women writers—but suggest new readings of canonical ones. For example, scientists now recognize the interwar epidemic of “sleeping sickness,” *encephalitis lethargica*, as a complication of the influenza pandemic; this illness, virtually unknown today, offers a new context for reading the protagonist’s mysterious and transformative seven-day sleep in Woolf’s *Orlando*. In his *The Post Card*, Jacques Derrida identifies another significant trace of the pandemic’s trauma in the evolution of psychoanalytic theory in Sigmund Freud’s addition of a footnote to his revisions of “On the Pleasure Principle” which describes the “fort-da” game and evokes, without naming, his beloved daughter who has died from influenza. The suppression and expression of that grief (Freud denied claims that his theory of the death drive was influenced by Sophie’s death, yet he inscribes her absence in a footnote about his theory which is illustrated with her son’s mastery of loss) is symptomatic of the influenza pandemic’s absent presence. The destabilizing effects of the pandemic were manifold: 1) it undermined narratives of history and civilization as a march of progress; 2) it upset class, race, and gender hierarchies; and, 3) in a modernity which had already fundamentally rocked the given meaning-making narratives such as religion, nation, and family, it struck at customary notions of a coherent self.

To focus on the latter point, literature that attempts to do justice to the defamiliarizing experience of illness tends to produce two effects: a departure from narrative progression into the lyric mode and the revelation of alternative possibilities, both at the level of the character’s mimetic life as well as at the level of the reader’s and author’s aesthetic and ontological propensities. In literally interrupting habit, illness departs from the linear march of our conventional, day-to-day narrative tracks and diverts us into poetic perception. The habit of prosaic perception and its attending illusions, according to Woolf, facilitates the sustenance of the status quo: “in health the genial pretence must be kept up and the effort renewed—to communicate, to civilize, to share, to cultivate the desert, educate the native, to work together by day and by night to sport. In illness this make-believe ceases” (OBI 12). The literal displacement of the body triggers a metaphoric displacement of one’s metaphysical orientation; indeed, Woolf’s prose shows how diversion from the forward march of narrative or argument is productive of lyric, horizontal, blossoming:

Directly the bed is called for, or, sunk deep among pillows in one chair, we raise our feet even an inch above the ground on another, we cease to be soldiers in the army of the upright; we become deserters. They march to battle. We float with the sticks on the stream; helter-skelter with the dead leaves on the lawn, irresponsible and disinterested and able, perhaps for the first time for years, to look round, to look up—to look, for example at the sky. (12)

The perspective afforded by illness as Woolf portrays it here (described aptly in this issue by Elise Swinford as “Gone Sideways”) likewise characterizes the perspective modernism seeks in creating defamiliarizing standpoints. The position of the exile, the insider perspective of an outsider, is emphasized in the characterization of the invalid as a deserter. It is certainly no coincidence that the only white characters to fall ill in Joseph Conrad’s *Heart of Darkness* are Kurtz, gone rogue from the Company, and Marlow, the teller of unconventional tales. Modernism’s ambivalent position in a market economy, desiring

autonomy from its interests but requiring patronage, is likewise reflected in the emphasis on the revelatory vision afforded to the “disinterested” outsider (OBI 12). The defamiliarizing perspective of the oppressed, those disinterested in maintaining the status quo, is privileged in modernism and requires us to revalue the assumed worth of conventional social narratives, structures, and priorities.

Modernism’s ethic of defamiliarization, voiced in such manifesto-like texts as Conrad’s preface to the *Nigger of the ‘Narcissus,’* Woolf’s “Modern Fiction,” and Eliot’s “Tradition and the Individual Talent,” reveals that modernists took up the aestheticist slogan *l’art pour l’art* not in pursuit of an apolitical, transcendent aesthetic, but with the conviction that the process of art is itself a reengagement with the ground of experience. As Woolf’s *On Being Ill* reminds us, no experience so readily strips perception of habitual patterns of thought or so thoroughly exposes social structures for meaning making as illness, an experience at once other-worldly and deeply mortal. From the twenty-first century, when autopathography and self-help genres proliferate, it can be hard to register the relative silence that Woolf’s work breaches, particularly when market discourses collude with biomedical discourse to make illness and aging an unnatural state that must be cured and contained. Indeed, Woolf’s essay and novels chart the transition from illness’s relegation in the Victorian era to the domestic sphere to its professionalization. Woolf writes, “Sympathy nowadays is dispensed chiefly by the laggards and failures, women for the most part (in whom the obsolete exists so strangely side by side with anarchy and newness), who, having dropped out of the race, have time to spend upon fantastic and unprofitable excursions” (OBI 10). *On Being Ill* condemns the false sympathy of duty and the cult of domesticity, but likewise rejects the paternalism of the profession that had begun to displace it, as Jane Salisbury and Naomi Milthorpe show in their reading of *The Years*.

With the faith that you have at one time or another surrendered your passport of the well, perhaps you have at this moment of reading, I suggest *On Being Ill* confers a “kingly sublimity” that invites us to proceed as readers without any obeisance to the tradition that conspires to thus “dull in us that thunder clap of conviction which, if an illusion, is still so helpful an illusion, so prodigious a pleasure, so keen a stimulus in reading the great” (OBI 22-23). With Woolf’s “overweening power” and illness’s “overweening arrogance, the barriers go down” (OBI 23), and invite us to pursue those thunderclap moments between text and experience for examining Woolf’s many claims in *On Being Ill*—claims that often appear deeply contradictory at first glance. It is indeed the contradictory seeming claims of Woolf’s work, including its purposeful genre crossing, which invite rich interpretive dives into her literary works.

The genius of Woolf’s *On Being Ill* is its ability to both recreate the perspective of the ill (particularly since writing was often impossible in illness), satirically philosophize on its defamiliarizing powers, all the while speaking from a space that invites the reader to inhabit that perspective rather than observing it as a visitor might. The essay avoids “I” entirely, excepting one instance, which distances the “I” from the speaker by cordoning it in a quotation: Woolf asks us to “return to the invalid. ‘I am in bed with influenza’” to then expound on the inadequacy of the sentence (OBI 8). Throughout, Woolf deploys “we” and “us,” thus positioning readers as active participants, and while it provides no autopathography, the essay feels intensely personal and it is this intimacy that inspires creative work. For example, Hilary Mantel’s *London Review of Books* diary entry describing one of her hospital experiences includes a passionate refuting of several of Woolf’s claims in *On Being Ill* while nonetheless remaining deeply indebted to the model Woolf pioneered. Taking liberties with language, passionate, sensual, obscene, she effectively continues Woolf’s entreaty.

*On Being Ill* is filled with eminently quotable declamations for the reader to seize upon, and indeed one of these seems to offer carte blanche to “riffle the poet of their flowers. We break off a line or two” (OBI 20)

and float them on an email or frame a close reading. After a second week passed in the hospital, and I hadn't opened *On Being Ill* except in "sudden, fitful, intense" bursts to pin down a citation, I glibly played up the invalid's freedom—"for who is going to exact criticism from an invalid or sound sense from the bed-ridden?" (OBI 20). Preferring poets to prose, Woolf declares "*The Decline and Fall of the Roman Empire* is not the book for influenza" (OBI 19), and, if anyone should argue, I would refer them to the case study of its effects in *The Voyage Out* for evidence. "Illness," according to Woolf, "makes us disinclined for the long campaign that prose extracts" (OBI 19). This would perhaps explain why my copy of Evelyn Waugh's *Decline and Fall*, which I happily handed over to a nurse to give to another patient in need of a book, was returned to me after a week in completely, disappointingly pristine condition. I had thought perhaps that Waugh's terse prose with its dark humor might be precisely the thing for a fellow patient (Mantel's diary entry has her reading Waugh's entire *Sword of Honor* trilogy) but perhaps the title itself was too evocative of Edward Gibbon's six-volume legacy. For myself, I took it up with Woolf's claim that "some prose writers are to be read as poets" (OBI 20). On reflection, her dismissal of the campaigns required by prosaic histories like Gibbon's and her approval of novels that may be read poetically isn't a contradiction but a fitting suture—the point of Woolf's commentary on attempting to read poetry or prose while ill is not about the text at hand, not to pen a note for sickrooms, but is instead the mind of the reader and the creative engagement the altered perspective of illness makes possible, a perspective lyric narrative prose can indeed create for the reader, well or ill.

Understanding this conundrum can help clarify what to many seems an aberration if not a black hole at the end of the essay, Woolf's long recounting of Augustus Hare's *The Story of Two Noble Lives*. She offers a feint at first, owning up to the text's "mediocrity" but claiming that it is precisely this inferiority that beckons the invalid (OBI 23). If we follow the feint as an excuse, however, we miss that she chooses these volumes precisely because of their insight into life as it was then: "For life then was not the life of Charlotte and Louisa. It was the life of families, of groups. It was a web, a net, spreading wide and enmeshing, every sort of cousin, dependent, and old retainer" (OBI 25). Woolf's recounting frames an absence—the "life of Charlotte and Louisa"—emphasizing the lives of the obscure in the final image. This image should disclose an intimate understanding of what Louisa, Lady Waterford, is feeling in the moment when she watches her husband's hearse depart, but instead we have Sir John Leslie's third-person perspective: "never could Sir John Leslie forget, when he ran downstairs on the day of the burial, the beauty of the great lady standing to see the hearse depart, nor, when he came back, how the curtain, heavy, mid-Victorian, plush perhaps, was all crushed together where she had grasped it in her agony" (OBI 28). And the essay ends. The reader perhaps gnaws on a pencil in frustration.

However, if we have been reading as Woolf recommends, that is as an "outlaw" and with "rashness" (OBI 22), then we haven't taken up the expectations and rules of notice of the middlebrow Victorian novel in our reading but instead have been finding that, "the accent falls a little differently; the emphasis is upon something hitherto ignored," as Woolf writes in "Modern Fiction" (CR1 150). Woolf claims that moderns were interested in "the dark places of psychology," and, as her retelling of Tolstoy's "Gusev" in that essay attests, her interest is particularly in the body's involvement. "Gusev" is praised because "[t]he emphasis is laid upon such unexpected places that at first it seems as if there were no emphasis at all" (CR1 152). Tolstoy, like the moderns, has created a lyric narrative that induces the kind of reading that illness also makes possible by telling the story of an illness and death without Victorian trappings. Thus, when reading Woolf's recapitulation of Augustus Hare, we should note where Woolf emphasizes the perspective—Sir John Leslie controls the frame and 'reads' Lady Waterford's gesture—by noting where Woolf's own voice reminds us of that conventional frame—"the curtain, heavy, mid-Victorian, plush perhaps." Provoked by that "perhaps," with

a window bare of any curtain, recumbent under the anonymous fabric of a unisex hospital gown, might a reader not rashly imagine a different reading of Lady Waterford's gesture—not of "agony," nor even "grief" (Lee xxxiv) but of ecstasy? Kate Chopin's Louise Mallard certainly did in "The Story of an Hour."

In questioning the omission of illness as a great theme of literature, Woolf exemplifies a modernist tendency to use illness to reexamine the conventions and values of the narratives that structure and give meaning to our lives, and she proposes that paying attention to stories and voices that have been occluded by dominant narratives will make possible new avenues not only in art but in life. By attending to the marginal—such as the point of view of the nurse, the surreal experience of a fever, or the subtleties of the waiting room—modernist literature, like illness, makes everyday experience strange, creating a site to examine what is missed in habitual patterns of thought, including and especially those concerning the body. Claire Barber-Stetson's essay in this issue, "'On Being Ill' In the Twenty-first Century," reveals the important implications of *On Being Ill* for the study of disability and pathography and the similarity of Alison Kafer's theorization of "crip-time" and Woolf's own use of time in her work. According to Barber-Stetson, in contrast to the experience of loss in her novels, which critics have described as an inability to access, Woolf portrays illness as opening access to other opportunities. Woolf's rhetorical strategies create complex standpoints and subvert metaphors of "seeing" to bring the reader to contemplate illness and death without the comforts of given narratives. Like Hermione Lee who notes the essay "does not say I ('tyrannical 'I') (xxxiv), a rhetorical skill difficult to master, Barber-Stetson notes the rhetorical choice of Woolf's use of "we," citing her identification as a defector of the "army of the upright" (12). Although it may be read as a bid for sympathy for the ill, Barber-Stetson reminds us that shortly the essay also sternly rebuffs the desire for sympathy, and thus Woolf's real aim is to expose the conflation of health and morality. As Madelyn Detloff has shown, Woolf's epistemological standpoint anticipates the contemporary work of disability studies to subvert given categories of "ill," "disabled," and "crippled." In comparing Woolf's rhetorical position to contemporary writers of pathography, Barber-Stetson notes her insistence on the importance of the subject and the counterpoint of the "levity" of her tone. The turns of wit in Woolf's writing about illness, as in many pathographies, are illustrative of the ways in which she attempts to answer the very challenges and questions the essay lays out: how to write illness in a way that appeals to readers' desires.

In "Gone Sideways: Woolf's Empathetic Sick Bed Travel," Elise Swinford suggests Woolf's success in doing so lies largely in her ability to displace masculine narrative paradigms of travel and conquest with what Giuliana Bruno calls a "traveling theory of dwelling." Swinford relocates Woolf's *On Being Ill* in the context of a geomodernist aesthetics of physical travel, arguing that her focus on interiors and domestic spaces enable imaginative and experimental wandering that privileges the "cognitive, affective, and imaginative." The Hogarth Press and Woolf's relationship with Mulk Raj Anand are the literary avenues that further the scope of Woolf's imaginative traveling. In examining how Woolf interrogates the categories of domestic and disability, Swinford draws attention to the gendering of both disability and travel and the ways modernist feminist works subvert them.

David Eberly also considers gender and the professionalization of medicine in his fascinating essay "Gassed: Virginia Woolf and Dentistry." Eberly adroitly draws attention to Woolf's opening gambit not only to point out her cavalier reference to influenza, but also to point out that she begins her mediation on illness with the experience of waking from anesthesia. Eberly's photograph of the dentist's chair from the British Museum, with its ornate velvet nappery but also its iron foot restraint, underscores his important work in historicizing Woolf's experience of illness, reminding us that "[d]entistry, depression, and disease are inextricably intertwined." Contrasting *On Being Ill* with

Woolf's 1929 essay "Gassed," Eberly illuminates the dark humor of the former and shows that the latter calls for a reconsideration of the shared trauma of going under for that generation.

David Rasmussen, in "War, Alienation, and the Concept of *Parrēsia* in Virginia Woolf's *Mrs. Dalloway*," also considers the postwar generation's trauma. Rasmussen interprets Septimus Smith's post-traumatic stress disorder and compulsion to convey his message as reflective of "the Greek idea of *parrēsia*," not as a penitent individual sinner but as a scapegoat whose behavior ultimately serves to critique patriarchal culture. Rasmussen argues the novel critiques not only the patriarchy of the military but also medicine, in which patient and doctor play roles similar to "penitent and confessor." Eileen Yu reads Septimus Smith's gesture and Mrs. Dalloway's reception of it as an attempt at communication in the context of Woolf's meditation on Nature and its lack of sympathy in *On Being Ill*. In "Indifference Over Sympathy: Transcendental Communication in Virginia Woolf's *On Being Ill* and *Mrs. Dalloway*," Yu argues since Septimus and Clarissa's bond lies in Nature, not the "inter-subjective bond," theirs is a "transcendental communication" that provides resolution for both protagonists.

The bond formed between dog and woman writer, likewise unmediated by patriarchal discourse and closer to Nature, is the focus of Layla Colón Vale's "Flush, the Sickroom, and the Heroine." Vale approaches *Flush* through the lens of disability studies and raises the question of what Woolf achieves in choosing Flush's point of view. Lacking the internalization of medical or patriarchal discourse, Flush's perspective can expose how Elizabeth Barrett Browning's suffering is largely a consequence of those discourses. Jane Salisbury and Naomi Milthorpe's essay, "'The borderland between life and death': The Spatial Politics of Illness in *The Years*," shows the evolution of Woolf's own discourse about illness and is an important contribution to the growing field of late modernist studies. Salisbury and Milthorpe argue that, whereas Woolf's earlier works such as *On Being Ill* are ambivalent though they offer a consolatory vision of epiphanic possibility in illness for women, a marked change can be seen in her later works, particularly *The Years*, in which such horizons are foreclosed. Salisbury and Milthorpe consider the references to dirt in *The Years* in the context of late modernist documentary realism and the feminine connotations of dirt with sickness and transgression. They argue that Woolf sees in the dirty communal spaces of Maggie Pargiter and Renny's house the possibility of fruitful contamination.

As the essays in this special issue suggest, and as Sandra Inskeep Fox's poem "down, down into truth" underscores, modernist engagement with illness departs from popular fiction and non-fiction by staging and rejecting biomedical and commercial frameworks and examining alternative perspectives—illness as a site for reflection, personal and cultural analysis, affirmation of our human mortality, and a redirection of our desire for the immortal toward a desire to dwell in the present moment. Raise your "feet an inch or more above the ground" and explore for yourself that snowfield, that forest in each (OBI 12).

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#### *On Being Ill* in the Twenty-First Century

For many years, critics have focused on the prominent place that loss holds in Virginia Woolf's oeuvre. This theme is most often considered in the sense of physical loss or death. As Roberta Rubenstein notes, "Between 1895 and 1906, she [Woolf] lost her mother, her half-sister, one of her brothers, and her father" (36). Such physical losses recur in the texts she writes with the deaths of Rachel Vinrace (*The Voyage Out*); Jacob Flanders (*Jacob's Room*); Septimus Warren Smith (*Mrs. Dalloway*); Mrs. Ramsay, Andrew Ramsay, Prue Ramsay (*To the Lighthouse*); and Percival and Rhoda (*The Waves*). Loss can also be represented figuratively as a lack of mental access; those who are physically close to us may remain cognitively or emotionally inaccessible, a fact that Woolf emphasizes time and again.

As a result, readers may expect Woolf's essay *On Being Ill* (OBI 1926) to present the eponymous experience as a negative one. Yet, Woolf subverts this expectation. Though she characterizes illness as a painful experience with potentially serious social repercussions, she also highlights opportunities to which it gives access. Because this position is radical even today, Woolf's essay has an important contribution to make to disability studies and pathography by blurring the boundaries between the two disciplines. In *On Being Ill*, Woolf engages in the "collective reimagining" that disability-studies theorist Alison Kafer proposes is necessary to re-politicize the experience of disability (9). Woolf reimagines the experience of being ill such that it overlaps significantly with contemporary representations of disability in the positive potential that she attributes to it. Reading Woolf's essay in the context of literature by disabled individuals and disability-studies scholarship draws attention to the need to reconsider the relationship between disability and illness—embodied situations that have been much too starkly distinguished—and it suggests a productive avenue for Woolf scholars in ongoing elaborations of 'crip time.'<sup>1</sup>

<sup>1</sup> Kafer writes that, "Crip time is flex time not just expanded but exploded; it requires reimagining our notions of what can and should happen in time, or recognizing how expectations of 'how long things take' are based on very particular minds and bodies" (27).



I begin by focusing on the opening line of *On Being Ill* (OBI) because Woolf wastes no time in complicating the negative connotation that illness has had since at least the year 1500. She writes,

Considering how common illness is, how tremendous the spiritual change that it brings, how astonishing, when the lights of health go down, the undiscovered countries that are then disclosed, what wastes and deserts of the soul a slight attack of influenza brings to view, what precipices and lawns sprinkled with bright flowers a little rise of temperature reveals, what ancient and obdurate oaks are uprooted in us by the act of sickness, how we go down into the pit of death and feel the waters of annihilation close above our heads and wake thinking to find ourselves in the presence of the angels and the harpers when we have a tooth out and come to the surface in the dentist's arm-chair and confuse his "Rinse the mouth—rinse the mouth" with the greeting of the Deity stooping from the floor of Heaven to welcome us—when we think of it, it becomes strange indeed that illness has not taken its place with love and battle and jealousy among the prime themes of literature. (OBI 3-4)

At the most basic interpretive level, Woolf makes the same point here that G. Thomas Couser does much later in his 1997 *Recovering Bodies: Illness, Disability, and Life Writing*: illness, as well as the existing "literature of pathology" that Hermione Lee identifies in her Introduction to *On Being Ill* (Lee xxiii), deserves more literary attention than they have received. Yet, the seriousness of this proposal is counterbalanced by a curious note of levity that pervades the sentence, most notably in the dentist's scene. The tone of the essay vacillates, as it does in this single sentence, making Woolf's position difficult to pin down. The sentence's complex grammar—evinced by the dependent clause that seems never to end—mirrors the complexity of the position that Woolf establishes in relation to illness.

In this sentence, Woolf acknowledges both the negative and productive potential of illness through visual rhetoric. She positions the experience of falling ill as liberating and enjoyable as it reveals "undiscovered countries" and "lawns sprinkled with bright flowers," which were previously inaccessible because they could not be seen. However, Woolf also acknowledges that this newly accessible world contains dangers, "precipices" from which one can fall to one's death at any moment. Yet, rather than turning the light on or up to reveal these spaces and features, Woolf paradoxically suggests that illness turns the light "down." It gives our eyes a rest, not unlike the act of putting up one's feet, which figures importantly later in the essay. Because of its positive resonance, this metaphor resists a rhetorical trope in place since at least the Enlightenment and, as a result, appears counterintuitive; how could one, in fact, see better and travel further with *less* light? Such a position will be very familiar to scholars of disability as it contravenes established expectations for how the body should function.

Despite the positive resonance Woolf introduces, she does not go so far as to present illness as wholly positive; in fact, she highlights it as an experience that bring us closer to death as we lose our visual access to the precipices. Later in the sentence, Woolf further highlights this proximity to death through natural images. Both deserts and the act of uprooting extinguish life because of a lack of water, and Woolf suggests that even "language at once runs dry" when used to describe the experience of being ill (OBI 7). Yet, too much water can also cause death, as Woolf reminds us by comparing the experience of anesthesia to drowning.

When read with a later passage, these descriptions indicate that the experience of being ill forces acceptance of a situation as it is and a refusal to continue contributing to social fictions. As she writes,

in health the genial pretense must be kept up and the effort renewed—to communicate, to civilize, to share, to cultivate the desert, educate the native, to work together by day and by night to

sport. In illness this make-believe ceases. Directly the bed is called for, or, sunk deep among pillows in one chair, we raise our feet even an inch above the ground on another, we cease to be soldiers in the army of the upright; we become deserters. (12)

Woolf's word choice (desert) here calls forth earlier scenes; however, the disembodied voice evoked by passive verb in the third sentence—"is called for"—indicates reluctance in leaving behind "the genial pretense," or the attitude one puts on for social interactions. It is a social death with real consequences. However, the danger presented by illness influences one to acquiesce, which Woolf frames as a betrayal by describing those who are ill as "deserters." Yet, she includes herself in this group by using the pronoun "we," which tempers any negative judgment attached to it. This rhetorical strategy also includes the reader, calling her to identify with those who are ill and the experience of being ill. One motivation would be to elicit sympathy for these individuals, but Woolf presents such emotional identification as unproductive and unpleasant, for "it is in their [plants'] indifference that they are comforting" (OBI 15). She has another goal in mind. She foregrounds the assumption that accepting accommodations reflects a moral failing with the goal of ridiculing it by contrasting the ill deserters with the ironically named "army of the upright."

In this phrase, Woolf plays with the literal and figurative senses of "upright" to create a false distinction between those who are healthy and those who are ill. In its literal sense, this modifier suggests that health is visible in one's physical orientation to the environment, and its figurative sense adds an additional layer by indicating that this physical orientation reflects a strong moral character. Her ironical tone ridicules the conflation of health (or, in other cases, able-bodiedness) and a strong moral character, which her word choice makes visible. This tone carries over to the (false) opposition Woolf creates between the healthy army and the ill deserters.

Because of their recumbent position, those who are ill have access to different texts than those who are upright. According to Woolf, those who are ill are "able, perhaps for the first time in years, to look round, to look up—to look, for example, at the sky" (OBI 12). When upright, we may assume the sky remains static, but when lying down, we are reminded of its "endless activity" (OBI 13). It is unusual to see healthy people looking at the sky as their physical orientation—facing ahead or down—makes this attitude more difficult. A recumbent attitude also does not follow the pace of modern life, as suggested by their abnegation of the "genial pretense." Woolf draws attention to the assumption that by lying down, those who are ill ignore their social duty to be productive members of society. Such an attitude again recalls capitalist attitudes toward disabled individuals who are worthless because they are not productive.<sup>2</sup>

In a broader context, Woolf's views can be aligned with the experiences of those with autism spectrum disorders. Though the danger of the illness may influence people to desert their social commitments, Woolf reveals what they stand to gain in a way that strikingly evokes a passage from *Aquamarine Blue* 5, a collection of essays written by American college students with autism spectrum disorders (ASDs). One of the contributors, Myriam, describes a situation in which the different perspectives that two people (an autistic and a neurotypical) have on a single environment make communication between them difficult.

Imagine person A and person B meet each other. They are looking up to the sky and watching clouds, both looking now at the same cloud and trying to see something special in it. Person A sees a rabbit-head in this cloud, person B sees a geometrical figure. Now person A thinks that person B sees the same thing and starts talking about the nutrition of animals. Person B also thinking that person A sees the

<sup>2</sup> See Mitchell and Snyder for a critique of this logic based in disability studies.



same thing will be irritated because person B will think about angles, goniometric functions, 3-dimensional things. (60)

Both Myriam and Woolf emphasize how these perspectives—Woolf’s more spatially different than Myriam’s—produce negative affects like irritation among those who try to communicate about them. For instance, Woolf suggests that those who are ill exhibit “a childish outspokenness,” known for “truths blurted out,” behaviors out of step with appropriate social interactions (OBI 11). Individuals with ASDs are criticized for exhibiting the same behavior, suggesting that social responses to those with illnesses and disabilities are strikingly similar.

Woolf affiliates those who are healthy with parents, colonizers, and the army—those with authority who maintain their power through socially accepted fictions. One such figure is Dr. Holmes, a character in the contemporaneous *Mrs. Dalloway* (MD). His philosophy of health demonstrates that he approaches illness as Woolf positioned it earlier, as a matter of choice. In the novel, he proposes that “health is largely a matter in our own control” (MD 91). Yet, it is he who pushes Septimus over the edge both figuratively and literally, no doubt in part because he sees the sick person as doing nothing; “[w]ouldn’t it be better to do something instead of lying in bed?” he thinks (MD 92). Woolf directly addresses this interpretation of illness by exploring the spaces and information to which being ill gives access.

While lying down, those who are ill are reading, whether the object is a written text or their surroundings. Woolf specifically suggests that those who are ill read poetry because they cannot abide the “long campaign” required by prose (OBI 19). Woolf’s word choice continues the military theme identified earlier while also highlighting the connection between the act of reading and the country, or text, one traverses (via *campaign*’s etymological origin in *campagne*, or “country”). As they read these texts, they do not read in a “normal” way, from beginning to end. Instead, they read snippets “and let them open in the depths of the mind” (OBI 20). The process Woolf depicts here could take just as long as reading prose, but it allows a different kind of movement with a less prescriptive conclusion. In fact, it sounds much like the situation described by Myriam in which two people read the same text in different ways.

According to Woolf, those who are ill are free to pursue “other tastes” like the activities described above because they are assumed to have neither “responsibility” nor “reason” (OBI 20). Such assumed mental incapacity again aligns those who are ill with disabled individuals. Woolf suggests that these “tastes” also include sensations words produce, “their scent and [...] their flavor” (OBI 21). These individuals gain different appreciation for a sensation because of their physical orientation to it. The healthy primarily treat words as conveyors of meaning, but they gain “a mystic quality” for those who are ill through their access to less familiar linguistic properties (OBI 21). Being ill also familiarizes one with the fact that nature “in the end will conquer; heat will leave the world,” that all people will die (OBI 16). They have a different physical orientation, which gives them access to different knowledge.

In “On Being Ill,” states of illness appear strikingly similar to some disabilities in terms of what they afford. Woolf takes an approach familiar to disability studies by proposing that falling ill is seen as a moral and social failing, which removes one from the ranks of productive society. This perspective counteracts a common attitude in disability studies, where illness is completely divorced from disability. As Alison Kafer suggests in *Feminist, Queer, Crip*, this tendency emerges out of the social model of disability, which treats disability as a social issue requiring accommodation (in contrast to the medical model, which frames disability as an individual problem needing a cure). Those who adhere to this model often present illness as temporary, whereas disability is more permanent. This temporal relationship suggests that illness will pass, typically without significant effects on the sufferer,

other than temporary discomfort. On the contrary, disability has a much longer duration, which suggests it significantly influences one’s identity.

This emphasis on duration as the determinant for influence on one’s identity and worldview operates according to an externally determined sense of time, which Woolf actively counters throughout her oeuvre. Curiously, time is a much more subdued force in *On Being Ill* than it is in others, such as *Orlando*. Yet, *On Being Ill* reveals an obvious point of contact between Woolf’s interest in temporality and contemporary discussions of “crip time” in which scholars like Kafer (27) engage. In fact, one of Kafer’s descriptions of crip time parallels Woolf’s treatment of time in this text. According to Kafer, crip time is not just an allotment of more time, but instead “a reorientation to time” emphasizing its “flexibility” (27); “rather than bend disabled bodies and minds to meet the clock, crip time bends the clock to meet disabled bodies and minds” (27). As much Woolf scholarship has discussed, clocks are tools used to regulate and organize social behavior. “Bending the clock” in this case is akin to stopping on the street to look at the sky, refusing “time on the clock” in favor of “time in the mind,” as Orlando does.

Those who maintain firm distinctions between illness and disability often argue that disability only causes problems because of the way our environments (including society) are built, whereas illness would be a problem in any environment. In this essay, Woolf blurs the boundaries between these two categories. She presents being ill as a sometimes painful change of perspective, which gives people access to different aspects of the texts they read; however, these aspects and the way those who are ill access them are not valued by their society.

Woolf alludes to the sense of loss that those who are ill may feel as a result of the social attitude toward illness in the image with which she closes. It shows Lady Waterford “standing [at the window] to see the hearse depart” and leaving “the curtain [...] all crushed together where she had grasped it in her agony” (OBI 28). Because of this image, the essay ends on a mark of unspoken loss and grief, one familiar in discussions of disability. Disabilities of different kinds are often viewed as a physical death sentence or as a social death through the need for supports not required by able-bodied individuals. It may appear a lighthearted treatment on the surface, but in this essay, Woolf grapples with complex social issues, which she accesses through the experience of being ill. However, accepting this loss—the dimmed light—and looking instead at the countries that are revealed has the potential to expand our perspectives. The same logic applies to revising the contemporary distinction imposed between illness and disability.

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## Gone Sideways: Woolf's Empathetic Sick Bed Travels

The perception of Virginia Woolf as a domestic writer has traditionally been conceived in gendered terms. Compared to works by her male contemporaries' works such as Joseph Conrad's *Heart of Darkness* or E. M. Forster's *Passage to India*, novels full of global movement and transnational engagements, Woolf's fiction occurs largely in England (with the exception of her first novel, *The Voyage Out*) and Woolf's travels were mostly limited to England and Western Europe. The depiction of traveling in novels like Conrad's and Forster's resonates with modernist literature's investments in new modes of transportation, exploration, and global conflict. Investments most often associated with Woolf's rootedness, however, were not constrained by gendered limitations such a comparison suggests. The public performances of Woolf's youth certainly do not paint the picture of a woman confined to domestic roles: she appeared at Roger Fry's Post-Impressionist Exhibition dressed as a "Gauguin girl" in a revealing costume and participated in the Dreadnought Hoax of 1910 in blackface to impersonate an Abyssinian prince aboard the Royal Navy's flagship (Lee, *Virginia Woolf* 278-87). Since Woolf came to have both money and freedom, the two elements she also described as limiting women's ability to pursue art, why did she travel less and less over time? Why did she so often choose settings of rooms, family houses, or villages for her narratives? Though it is tempting to attribute Woolf's domestic perspective to the "disabling" effect of her "neuro/affective"<sup>1</sup> condition, I argue that viewing Woolf's aesthetic as one that travels through liminal space, experiential stages, and the imagination allows for a richer understanding of Woolf's as a geomodernist aesthetic.

Calling for a "traveling theory of dwelling," Giuliana Bruno asks us to "picture gender and space in a series of constant displacements, reviewing them and remapping them through the lens of more transient notions" (81). The notion of the "travelling domestic" puts together two terms that at first seem antithetical: "domestic" calls forth associations of stagnation, immobility, and bounded space (the "private sphere" so often assigned to women), while "traveling" resonates with narratives of exploration and adventure. Woolf's essay *On Being Ill* (OBI), which Woolf wrote while on a treatment of bed rest in 1922, provides a different insight into her relationship with the domestic and travel. In order to theorize Woolf's "travelling through dwelling," it is necessary to remap not only her spatial relationship with gender, but also her relationship to disability. Speaking of the altered perspective of the ill from the sick bed, Woolf describes seeing the sky in a way one of the "army of the upright" never could: "the sky is discovered to be something so different [than an upright perspective allows] that really it is a little shocking" (OBI 13). Staring up into the sky, travel ceases to exist only geographically, but becomes reframed to privilege the cognitive, affective, and imaginative: instead of simply moving from point A to point B, travel becomes as much about one's experience of the world as it does moving physically through it.

Woolf's emphasis on this affective, imaginative experience of travel may be in part attributable to her relationship to able-bodiness: her symptoms and treatment rendered her literally un-able to leave the house, or write, or sometimes move.<sup>2</sup> I suggest that a theory of "travelling in dwelling"

<sup>1</sup> I borrow Madelyn Detloff's phrase of "neuro/affective atypicality" here to avoid the *ad nauseam* debate over the "proper" diagnosis or Woolf's mental and physical condition, but I use "disability" later to suggest an association with "able-bodiness" and the connection between Woolf's "neuro/affective" condition and the bodily limitations (both enforced and embodied) ("Woolf and Crip Theory") ["Crip"] 277).

<sup>2</sup> For a nuanced and thorough overview of Woolf's mental and physical condition, see Hermoine Lee, *Virginia Woolf* 171-196.

for Woolf and her aesthetic must remap the relationship between able-bodiness and space as much as that of space and gender. In reinterpreting what it means to "voyage" in a disabled body, Woolf's work radically rejects gendered constructions of private space as well as patriarchal authoritarian medical practices. From the sideways perspective of the sick bed, what Hermione Lee has termed "recumbent literature" (Introduction xxv), Woolf offers new possibilities for experiencing travel as affective, interpersonal, and experiential that is not dependent on the mobilization of the body.

Hugh Kenner explains in a 1984 article in the *Chicago Review* that Woolf is a "provincial writer" claiming that she is "not part of International Modernism; she is an English novelist of manners, writing village gossip from a village called Bloomsbury" (57). Recent scholarship repositions Bloomsbury and Virginia Woolf in particular as forces of global modernism, engaged in anti-imperial pursuits and international concerns. Scholars such as Kathy J. Philips and Susan Stanford Friedman have illustrated that, though Woolf was the least travelled of the group, her fiction set in even the most domestic settings is concerned with the patriarchy of imperialism and the global exchanges of modernity. Representations of the global in Woolf's oeuvre runs the gamut from imperial conquest—the head of the Moor swinging on a beam in Orlando's manor house—to the colonialist's return to the imperial metropole in *Mrs. Dalloway*, where Peter Walsh carries India with him as he strolls the streets of London. Laura Doyle and Laura Winkiel convincingly argue that a "geomodernist approach" necessitates a "geocultural consciousness—a sense of speaking from outside or inside or both at once, of orienting toward and away from the metropole, of existing somewhere between belonging and dispersion" (4). In Woolf's fiction, geocultural consciousness is situated between images of the domestic, In *Jacob's Room*, for example, Betty Flanders hears the guns of the First World War—a conflict of global empires jockeying for power—across the channel from her home and likens them to the domestic image of women beating carpets. And in *Between the Acts*, we find Lucy Swithin, a character associated with the domestic images of the family manor house, gazing into the manor's lily pool and imagining each floating leaf as a nation, "naming leaves India, Africa, America. Islands of security, glossy and thick" (205). In a novel saturated with images of global imperial engagement at the brink of WWII, Lucy's imagining of this quotidian image in terms of former and current British territories is rich in its implications for a theory of travelling in dwelling.

Woolf's Betty Flanders and Lucy Swithin illustrate how a geomodernist domestic aesthetic is shaped by gendered constructions of space and travel. Both women interpret the global war within domestic spaces, for example, because their gendered roles limit their access to travel and formal education. Woolf's chronic and recurrent illness informed her portrayal of such characters. Over five major episodes, Woolf suffered headaches, weight loss, an inability to eat, and long periods of high temperature and was also treated for an irregular heart rate, all symptoms that may have been exacerbated by their treatments.<sup>3</sup> She cycled from deep depressions to periods of mania, and experienced visual and aural hallucinations and delusions. Biographer Hermione Lee importantly cautions against naming Woolf's illness since doing so risks limiting her to a clinical category and attributing her writing to an exercise in therapy (*Virginia Woolf* 172). What is clear from Woolf's letters is that she was often immobilized by both the symptoms and treatments, which included rest cures and avoidance of over-excitement and exercise. She also was not allowed to write except for single-page letters to family member (*Virginia Woolf* xiii). The spatial dimensions of illness in this model—tangled in the gendered constructions of mental illness—construct a clear division between public and private spaces. How common it

<sup>3</sup> Complicating an interpretation of these symptoms are the range of potential drug side effects: veronal, chloral, and postassium bromide (sedatives), as well as digitalis (used to treat irregular heart rate and notorious for the range of possible drug interactions including confusion, nausea, vomiting, and irregular heart rate) (Cheriyen).

is for illness to be constructed by the language of the domestic: bed rest, homebound, sickroom, going to a 'home' (as Virginia did twice). *On Being Ill* represents Woolf's negotiation with her husband and the male doctors who controlled her movements and actions as part of a larger infantilizing of women in particular in medical treatments. This patriarchal medical discourse often had the affect of limiting her contact with the outside world, yet expanded her affective and imaginative travelling.

*On Being Ill* is particularly aimed at critiquing the valuation of the domestic and illness. It does not simply celebrate either, but shows how power and discourse shape those spaces. Janet Lyon has productively suggested Freud's *unheimlich*—literally the un-home-like—is an element of the spatial constructions of disability: "The Woolfian *unheimlich* is [...] the unbuffered, unanticipated appearance in public [...] of what 'certainly' ought to have remained secret and private" (568). The uncanny quality of *On Being Ill* is its taking illness seriously as a literary subject and exposing how social and medical discourses concerning illness have sought to limit or conceal both the ill and their perspective from the sick bed.

Lyon goes on to address a 1915 entry in Woolf's diary, recording an uncanny encounter on a towpath with "a long line of imbeciles. The first was a very tall young man, just queer enough to look twice at [...]. It was perfectly horrible. They should certainly be killed" (qtd. in Lyon 551). Lyon notes that the sense of "shock" in Woolf's reaction "must surely extend to her own tenuous mental sovereignty" (559). Although it is impossible to discern Woolf's thinking from her diary entry—a private, fleeting thought? A revulsion to the mentally unfit, reflected in the eugenicist thinking of intellectuals she knew at the time?—this entry represents the limits of Woolf's empathy, a refusal to bridge the divide to a group whose perceived abjection was perhaps too close to her own self image. Nonetheless, her meditation on her own reaction is significant. Madelyn Detloff describes this entry as Woolf recognizing her own precarious mental and physical state, a pattern that runs "toward recognition and justice for those excluded or made monstrous by the norm, and another in the troubling direction of the norm" ("Value" 60). In terms of her own, less visible (and thus marginally less stigmatized) disability status, Woolf nonetheless creates within the domestic space a sense of the *unheimlich*, an un-home-like state of traveling in dwelling. Whereas the sickroom had been conceived as a space of limitation and domesticity, Woolf sees it as a source of travel. Woolf's diary entry self-reflectively highlights the limits of her intellectual and imaginative travel that causes a failure of empathy for the cognitively disabled. Nonetheless, through the act of critically examining this limitation, the same space creates new opportunities for empathy, which I explore below.

In an introduction to *On Being Ill*, Lee names Woolf's style "recumbent literature" (xxv). Written in bed, the essay possesses, as Lee describes it, "a point of view derived from gazing up at the clouds and looking sideways on to the world" (xxv). What makes this sideways perspective especially deviant is its refusal to remain contained to the sickroom. Woolf exclaims upon

the undiscovered countries that are then disclosed, what wastes and deserts of the soul a slight attack of influenza brings to view, what precipices and lawns sprinkled with bright flowers a little rise of temperature reveals, ...how we go down into the pit of death and feel the waters of annihilation close above our heads and wake thinking to find ourselves in the presence of the angels. (OBI 3)

This traveling, not despite but because of disability, radically reframes the agency of the disabled body, refusing the terms of the mind as slave to the immobilized sick body. This sort of voyaging disrupts the mind/body dichotomy attributed to the ill—traveling is experienced as imagination, yes, but it is the body as connected to the mind through pain that travels through liminal states of fever, the highs and lows of

mania and depression that creates a physical, embodied sensation of travel. In this voyage, Woolf radically rejects the strictures of psychiatric and psychoanalytic treatments of the time that were so often wrapped up in patriarchal, authoritarian, and moralistic views of mental illness. Although bound to the home, the sickroom, the bed, the mind places the body at the precipice of a cliff,<sup>4</sup> poised to jump, as a result of this "monstrous" body, a fate to which Woolf alludes (OBI 18).

Woolf's sideways perspective from the rest home or the sick bed serves to remap constructions of domestic space as limited, limiting, or bounded, by reconfiguring the production of gender and ability difference through public/private space. Speaking of this new view afforded by Woolf's recumbent perspective, Detloff urges that we follow Woolf's lead and allow her "messy archive" to inform our reading of Woolf's disability: "We might regard it [...] as a variation that caused her pain and distress but also allowed her to see the world differently[...] with a perspective that opens a more complex and compelling understanding of the world to her readers" ("Crip" 287). In this spirit, we might also regard Woolf's disability as what allowed her to 'see the world,' quite literally, and to imbue her fiction with a rich sense of global awareness. Finally, I want to suggest that this reconfiguration of the domestic/global split also occurs in efforts toward, or rejections of, empathy. As opposed to true empathy, Woolf has stern words for sympathetic gestures: "About sympathy," Woolf proclaims, "we can do without it" (OBI 11). She describes the typical response to illness: "[the invalid's] own suffering serves but to wake memories in his friends' minds of their influenzas, their aches and pains [...] and now cry [...] for the divine relief of sympathy" (8-9). Woolf's ironic mocking of sympathy lies in its domestic associations in which it becomes a duty of one's gender as opposed to a gesture of true empathy. "Sympathy nowadays," she says, "is dispensed chiefly by the laggards and failures, women for the most part" (OBI 10). As a writer deeply concerned with the (im)possibility of human connection, Woolf clearly objects to the patriarchal constructions of the sick space as marginal and feminine, not the effort of comforting and connection. This vitriol towards the ineffective female sympathizers brings to mind the idiom of "tea and sympathy," the comforting of the less fortunate over a cup of tea in one's home, another domestic ritual that serves to gender private space as feminine.

By representing a sideways perspective, *On Being Ill* rejects the positioning of disability as something to be hidden, and instead offers readers insight into her experience. David Mitchell and Sharon Snyder have suggested that representing disability in literature invites connection with "that which is believed to be off the map of 'recognizable' human experiences. Making comprehensible that which appears to be inherently unknowable situates narrative in the powerful position of mediator between two separate worlds" (5). The language here of mapping and "two separate worlds" echoes Woolf's account: while the travelling is imaginative, both in empathetic connection and in the voyaging of the mind while immobilized, it is the whole of the mind and body in unity that experiences the voyage of moving between the worlds of knowable human experience and of the liminal spaces related to active illness.

Despite her physical immobilization, Woolf sought connection between "separate worlds" in her fiction as well as her work with the Hogarth Press, which operated from her home and served as a mode of global circulation for writers concerned with geopolitical change. Mulk Raj Anand remembers his time working for the press in the essay, "Tea and Empathy from Virginia Woolf." In her drawing room, Woolf engages Anand in a discussion about androgyny in Hinduism. She is writing a novel called *Orlando*, she says, to suggest that "we are male-female-male, perhaps more female than male," as the Hindu

<sup>4</sup> Woolf suggestively asks, "Would one of [the churchgoers] dare to leap straight into Heaven off Beachy Head?," seemingly placing them in contrast with the "recumbent" (18, 17).



beliefs they were discussing suggest (111). Woolf moves from her space of domesticity—the space of empathy—and Anand voyages in geographically and artistically from across the world (represented most vividly in his postscript to *Untouchable*: “Simla—SS Viceroy of India—Bloomsbury”). These moments of connection become the point of departure for Woolf’s geomodernist domestic aesthetic. Returning to the narrator’s reflection on her recumbent perspective of the sky in *On Being Ill*, she continues that, if one can see the sky in such a new light, “Perhaps then, if we look down at something very small and close and familiar, we shall find sympathy” (14). It is the false sympathy associated with gendered domesticity that Woolf rejects while she embraces a connection originating from a new perspective on the everyday: here, the domestic space occupied by the Press becomes a space of exploration that allowed Woolf to give a voice to writers from both underrepresented populations and those with controversial geopolitical perspectives.<sup>5</sup>

Through disability—both in the sense of using disability and reaching past it—Woolf claims the domestic as a space of imaginative voyaging, of mobilizing the mind despite the body’s immobilization, and in recognizing the body’s parallel movement through liminal spaces in illness. It is this sensibility, developed through efforts to understand her own incapacitating episodes early in her adult life, that influences Woolf’s larger sense of the global in the domestic, both in her fiction and in her configuration of her own domestic space as publisher and writer. To “only connect” in the words of Forster (133), necessitates for Woolf a sense of the geomodernist domestic: we find an imaginative and empathetic voyaging out, a traveling-in-dwelling, which nonetheless thus enters into modernist global circulations.

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#### **Gassed: Virginia Woolf and Dentistry**

“Consider how common illness is,” Woolf begins her essay *On Being Ill*, “how we go down into the pit of death and feel the waters of annihilation close above our heads and wake thinking to find ourselves in the presence of angels and harpers when we have a tooth out and come to the surface in the dentist’s arm chair and confuse his ‘Rinse the mouth—rinse the mouth’ with the greeting of the Deity” (OBI 3). Curiously, Woolf chooses to start her essay on illness not with the discomfort and pain of actual dental surgery, but with the aftereffect of anesthesia, while in the same paragraph cavalierly referencing a “slight attack of influenza” only a few years after the “Spanish Flu” pandemic sickened a quarter of Britain’s population and killed 228,000, and which she herself contracted. “Influenza began on the Friday,” Woolf wrote on March 2, 1918, “I was kept in bed eight days” (*Diary of Virginia Woolf* 1 119). Woolf’s biggest complaint of her time in bed was that she could not write, “a whole current of life cut off” (119). The consequence of a “slight” infection may be imaginative amputation; any illness for Woolf could become a life-threatening risk.

*On Being Ill* was first published as an essay in January 1926, only five years after the Dental Act of 1921 required a dental degree from an accredited dental hospital or school to practice dentistry. A British Dental Association Museum history of dental health states that “by the end of the end of the nineteenth century dental health in Britain appears to be worse than at the beginning of that century” (BDA “Health Histories”). A survey of children, published in 1893, when Woolf was nine years old, and cited by the British Dental Association, reported that only 8% of children had sound teeth without decay, and that 32% had more than five defective teeth. While wealthier children could afford a dentist, “[T]hey weren’t assured of an excellent service. Many dentists were unqualified” (BDA). As an upper middle-class child living in London, Woolf would have benefited from proximity to established dental schools and nearby specialists, but dental care remained rudimentary. “The bristles of toothbrushes were made from hollow animal hairs which trapped germs [...] toothpaste included brick dust [...] Scientific and medical knowledge was developing but wasn’t always accurate” (BDA).

Dentistry, depression, and disease are inextricably entwined in Virginia Woolf’s life. Between 1917 and 1918 Woolf contracted influenza several times, and “also saw the dentist seven or eight times, and lost three or four teeth, one severely abscessed” (Orr 91). On the recommendation of Sir Maurice Craig, the neurological specialist who suggested to Leonard and Virginia Woolf that they remain childless, at least one tooth was prophylactically pulled on the basis of focal infection theory, which claimed that bacteria trapped in dental tubules could result in other illnesses. Introduced in the early 1900s, focal infection theory was later championed in the 1920s by Dr. Weston A. Price who advocated tooth extraction—“the most traumatic dental procedure,” the American Association of Endodontists notes—for diseases of the heart, kidney, and nerves among many others. This discredited theory “resulted in a frightening era of tooth extraction both for treatment of systemic disease and as a prophylactic measure against future illness” (AAE Fact

<sup>5</sup> A brief survey of the Hogarth Press’s catalogue gives a sense of global influences on and by Virginia and Leonard Woolf as publishers. A sampling of publications include Joseph Burt’s *The People of Ararat* (1926); Charles Buxton’s *The Colour Problem in Africa* (1931); G. S. Dutt’s *A Woman of India* (1929); Sydney Haldane Olivier’s *The Anatomy of African Misery* (1927); William Plomer’s *I Speak of Africa* (1927); and Leonard Woolf’s *Empire and Commerce in Africa* (1925), *Imperialism and Civilization* (1928), and *The Village in the Jungle* (1931) (Hogarth Press Ephemer).

Sheet). More extractions were performed on Woolf in 1922 to counter a heart murmur and persistent elevated temperature.<sup>1</sup> Thus, as a result of rudimentary dental care and medical quackery, Woolf was wearing partial dentures before the age of forty. It might be assumed that her dentures were a cause of physical discomfort and social embarrassment for a woman acclaimed for her beauty. The Canadian novelist Kathleen Winter poignantly notes in her blog that, “on an image search of VWs face, she never opened her mouth for portraits [...] Keeping those upper teeth well out of sight” (“Virginia Woolf’s Teeth”). No such scruple can be seen in Woolf’s open smile and delighted laughter caught in snapshots of the Garsington Manor garden parties she attended, where she was among friends, including T. S. Eliot, who wrote in *The Waste Land*, “You have them all out, Lil, and get a nice set” (58).

Late in her life, Woolf wrote as comic a skit in *Between the Acts* as any performed by George Burns and Gracie Allen, mixing false teeth and fish with first cousin marriage, reminding the reader of the outrageous fancy for which Woolf was celebrated among those who knew her. Isa Oliver, Bartholomew Oliver, and Lucy Swithin are chatting before luncheon when Isa suddenly remembers that her dentist told her that savages wore false teeth (perhaps Woolf’s wicked pun on the “pigheaded” Dr. George Savage, who had treated her during her earlier mental illnesses). Whom do you go to? Mrs. Swithin asks. “The same old couple,” Isa answers, “Batty and Bates in Sloane Street.”

“And Batty told you they had false teeth in the time of the Pharaohs,” Mrs. Swithin pondered.

“Batty? Oh not Batty. Bates,” Isa corrected her.

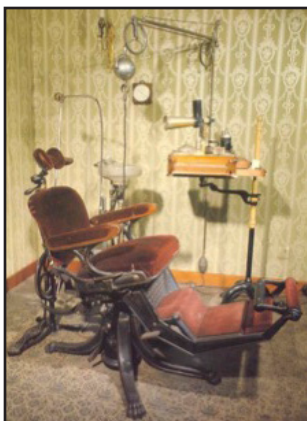
Batty, she recalled, only talked about Royalty. Batty, she told Mrs. Swithin, had a patient a Princess.

“So he kept me waiting well over an hour. And you know, when one’s a child, how long that seems.”

“Marriages with cousins,” said Mrs. Swithin, “can’t be good for the teeth.”

Bart put his finger inside his mouth and projected the upper row outside his lips. They were false. Yet, he said, the Olivers hadn’t married cousins.” (30-31)

“How did we begin this talk,” Mrs. Swithin asks herself. “Fish [...] and you were afraid it wouldn’t be fresh” (31). Loose dentures take their comfortable place in the drawing room.



The author gratefully acknowledges Rachel Bairsto, Head of Museum Services, British Dental Association Museum, for permission to use the photograph of the museum’s reconstructed dental surgery of the early twentieth century.

While Woolf sought to present tooth extraction as a *jeu d’esprit* in *On Being Ill* and made a joke of dentures in *Between the Acts*, she offered

<sup>1</sup> Recent studies linking periodontitis with heart disease have resuscitated the link between oral health and systemic disease based on research of the microbiome. Or, as *The Guardian* put it in a recent headline, “Your toothpaste could be messing with your health.”

a much darker picture of dentistry in her essay “Gas.” Written in 1929 between the journal version of *On Being Ill* and its final publication in book form, “Gas” presents a revision of her dental encounter that reverberates with the trauma of physical pain and psychological distress. The dentist whose voice in *On Being Ill* is confused with that of the Deity, now stands “very clean and impersonal in his long white coat,” telling one “not to cross one’s legs” (*The Captain’s Deathbed* [CDB] 219). The “waters of annihilation” into which Woolf dove so quickly are more ominously described, not only suggesting the metaphor of childbirth but also evoking the dissociative state related to sexual abuse. “One flounders without support, attended only by strange relics of old memories, elongated, stretched out [...] We rush faster and faster and the whole world becomes spiral [...] pressing closer and closer until it seems by its pressure to force us through a central hole, very narrow through which it hurts us.” “Rinse the mouth,” the dentist orders as he did in the opening paragraph of *On Being Ill*, but in “Gas” Woolf adds a chilling detail: “‘Rinse the mouth,’ while a trickle of warm blood runs from between the lips” (CDB 220-21).

When made by a male physician to a female patient, the command to not cross one’s legs will be heard, if only unconsciously, as a sexual one, which, in the context of administering anesthesia, may suggest sexual molestation, as the all-too-numerous reports of patient abuse remind us. In Woolf’s circumstance, such a command would stir up memories of childhood sexual trauma. Woolf’s description of her experience of anesthesia is evocative of her sexual abuse by her half-brother Gerald and the powerlessness, dissociation, and shame she felt in response to it: “[W]e plunge deeper and deeper away from the shore, we seem to be drawn on in the wake of some fast flying always disappearing black object.” The disappearing “black object” recalls the “horrible face—the face of an animal” which she associated with her abuse (*Moments of Being* 69).<sup>2</sup> The “looking glass” that she describes in her memoir becomes in “Gas” “the curved glass at a fair [which] makes the body seem tapering and then bloated” (CDB 220). Dentistry and trauma are indeed inextricably linked.<sup>3</sup>

“Such is a very common experience,” Woolf claims of her extraordinary hallucinatory experience of anesthesia, “Everybody goes through it” (CDB 221). After her declaration, Woolf proceeds to examine the faces of those she observes in a third-class railway carriage, as she did in “An Unwritten Novel,” where the facticity of her subjects confounded her invention. What, she asks, accounts for the process that turns their faces from one of a three-year old “into that.” “It seems,” she writes, “as if the passing of sixty or seventy years had inflicted a terrible punishment on the smooth pink face [...]. Is it probably that all these people have been several times under gas?” (CDB 222). While the “several times” reflects the reality of dental care in Britain in the 1920s, when by the age of 13 over 60% of children had a decayed or missing lower molar, the sweeping generalization of “all the men and women” may also point to Woolf’s awareness of the chemical gas attacks which ravaged the combatants of WWI, yet another traumatized population.

Such an attack was graphically described by Wilfred Owen in his poem, “Dulce et Decorum Est,” in language disturbingly like Woolf’s:

“Gas! Quick boys! – An ecstasy of fumbling,”

Dim, through the misty panes and thick green light,

<sup>2</sup> “Whether dream, or if it happened,” the truthfulness of Woolf’s account still requires emphasis: “I do not suppose that I have got at the truth; yet this is a simple incident; and it happened to me personally; and I have no motive for lying about it” (MOB 69).

<sup>3</sup> While the long-term effects of childhood sexual abuse on overall adult health are well documented, specific research about its impact on dental care is less robust. A 2007 NIH study stated that “around 20% of female patients seeking dental care may have experienced childhood sexual abuse (CSA). Women exposed to CSA “exhibited several long-term effects of major psychological strain during dental treatment; of these “28% suffered from memories of their original abuse.”

As under a green sea, I saw him drowning.

In all my dreams, before my helpless sight,  
He plungers at me, guttering, choking, drowning. (13-16)

The similarity of imagery between the war poet and the novelist is remarkable. “With each breath,” Woolf wrote, “one draws in confusion, one draws in darkness, falling, scattering, like a cloud of falling soot flakes. And also one puts out to sea [...] one cleaves the hot waves of some new sulphurous dark existence in which one flounders without support” (CBD 220). Woolf is on the whole reticent about the physical suffering she sees around her in the aftermath of the war, but her description of the public’s reaction to John Singer Sargent’s panoramic painting *Gassed* in her essay “The Royal Academy” suggests a scathing critique of the society viewing it: “How they shrieked and gibbered! How they danced and sidled! Honor, patriotism, chastity, wealth, success, importance, position, patronage, power – their cries rang and echoed from all quarters [...]. Anywhere, anywhere, out of this world” (*The Essays of Virginia Woolf* 3 93), she exclaims, fleeing the exhibition.

In a quieter and more charitable moment, Woolf mourns for the “other world” that vanished before her imagined companions in the third class carriage could grasp it: “And perhaps to forget it, to cover it over, they went to a public house, they went to Oxford Street and bought a hat” (CBD 222). Dentistry, disease, ether, abuse, denial and death—“all the men and women over twenty have often been under gas” (CBD 222). Of the humanity afflicted by illness and exposed to a “moment of being” in their treatment, only a few will “look as if they had caught the thing that dashes through the water.”

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#### War, Alienation, and the Concept of *Parrësia* in Virginia Woolf’s *Mrs. Dalloway*

The suicide of Septimus Warren Smith in Virginia Woolf’s novel *Mrs. Dalloway* (MD) can be read as a dramatic sacrifice in order to convey his message to the world. Septimus’s difficulties with Dr. William Bradshaw, whose stratified mindset of domination and control leads to the impulse of war and suggests that Septimus can be read as Woolf’s metaphoric criticism of patriarchal Britain in the immediate years following the First World War. Septimus’s unheard message to the doctors and his shellshock are symptomatic of society’s ills and disrupt the normative operations of the larger public sphere. Septimus’s need to unburden himself of his undeliverable critique of military patriarchy functions as a criticism of war in Woolf’s novel and in *Mrs. Dalloway*’s society, but also leaves him feeling like “a young man who carries in him the greatest message in the world” (MD 91). Truth, for Septimus, represents an emancipatory act whose action unravels the conditions of power, unmasking and exposing the “supreme secret [that] must be told to the Cabinet” (MD 74) and existing power structures and their repressive policies. Although Septimus feels an absolute loss of clarity, the vagueness and confusion creeping into his consciousness is a direct reflection of Bradshaw’s intervention in the spreading of Septimus’s message.

In this sense, Septimus’s post-traumatic stress disorder reflects the Greek idea of *parrësia*. Whereas medieval Christian theology interpreted *parrësia* along the lines of a penitent, and therefore individual sinner, I locate Septimus as a scapegoat, representing society’s effects on the soldier and also the penitent confessing not just his own sins, but Britain’s sins. Read in this context, the delusional and hallucinatory episodes experienced by Septimus are symptoms of a psychological malady as well as, and perhaps even more powerful as, criticisms of the guilt of patriarchal systems whose dominance and repression marginalize those who do not fall in line with the cultural logic of war. *Mrs. Dalloway* suggests madness is symptomatic of society and the social controls being imprinted on the young men entering war. Woolf traces the system whereby men are trained for combat and to fulfill the social roles through which they exemplify Bradshaw’s proportion. Proportion, or, rather “divine proportion, Sir William’s goddess” (MD 109), coerces individuals into the accepted parameters of the social body. Michel Foucault in his work on the mental health industry, *A History of Madness*, comments that psychiatry is a social science “obscure even to those who practise it” (508) and spends much of his expansive research into the history of psychiatry criticizing the imperialist mode in which it operates. Foucault is skeptical of the doctor-patient relationship, particularly in regards to the early nineteenth century’s use of asylums to institutionalize individuals, which involves an inclination towards a master/servant power dynamic:

Patients increasingly accepted this abandonment in the hands of a doctor who was both divine and satanic, or in any case beyond human measure; the more they were alienated in the doctor, accepting entirely in advance all his prestige, and submitting immediately to a will that they felt to be magical and to a form of science which seemed endowed with prescience and divination, the more such



patients became the ideal and perfect correlate to the powers that were projected onto the physician, pure objects with no resistance other than inertia. (*History* 509)

This is a description easily applied to Bradshaw and Septimus, who perhaps feels that suicide was the only response to such powerlessness before a psychiatrist. While Septimus is initially reluctant to accept his treatment, the power structure behind Bradshaw will eventually impress itself upon on the patients who have been marginalized by Britain in the years following the First World War. At one point in Bradshaw's treatment Septimus seemingly acquiesces to his authority and therefore psychiatry's imposed categories:

But if he confessed? If he communicated? Would they let him off then, Holmes and Bradshaw?"

"I-I-" he stammered.

But what was his crime? He could not remember it. (MD 107)

The power structures inherent to psychiatry and its imposed categories of rationality are of such oppressive force that resistance, particularly for an individual like Septimus who feels as if he is, "suffering for ever, the scapegoat, the eternal sufferer" (MD 27), will be broken down and incorporated into the governing social body.

As Foucault observes, "in confinement the sensibility to a madness was not autonomous, but linked to a moral order where it appeared as merely a disturbance" (*History* 133). Since Septimus's attempt to tell his truth will be construed as disturbance to the moral order, that is, lacking proportion, Septimus only has recourse to silence as a symbolic act, and even this symbolic act is contained by medical discourse as another such disturbance. Medicine, in this regard, is not a neutral or objective science concerned with an effective treatment of patients, but instead is emblematic of a political agenda rather than a process of communication and recovery. Septimus recognizes the positive aspect of therapy and mental health in his personal reflection "communication is health; communication is happiness" (MD 102). Yet Bradshaw and Holmes, practitioners characterized by Mrs. Dalloway as "men who made ten thousand a year and talked of proportion; who differed in their verdicts (for Holmes said one thing, Bradshaw another). Yet judges they were" (MD 162), obstruct Septimus's access to the *parrhēsiastic* function of confidant. In essence the culpability of the larger society can be located in Septimus's textual function, as he represents the dangers of patriarchal Britain and its repressive structures.

Bradshaw enforces an imbalance between patient and doctor, generating, by extension, Septimus's feeling that "human nature is on you. Holmes is on you" (MD 101) which limits his ability to transcend Bradshaw's and Holmes's judgement and silencing treatment. Indeed it is only through a connection with Rezia that Septimus obtains a positive sense of what society could be in contrast to the return of the specter of Bradshaw in Holmes. Whereas Rezia is at least open to Septimus's language, Holmes's intervention interrupts that local, healthy society and ironically prevents communication. In a dynamic between the penitent and confessor, between Septimus and Bradshaw, the voice must be heard. As Foucault states, "the most important part of the *parrhēsiastic* function is rather to point out to the subject his place in the world; the *parrhēsiast* is therefore someone who has to say things about what a man is in general, about the order of the world" ("Parrēsia" 237). The most psychologically damaging aspect of their relationship, and potentially the catalyst for Septimus's suicide, is Bradshaw's circumvention of Septimus's truth, the notion of the *epimeleia heautou*, or care of the self, that Foucault refers to as being the locus of the self's transformation into a greater whole: "The soul seeks a touchstone that will enable it to know the state of its health, that is to say the truth of its opinions, then it needs someone, another soul characterized by *episteme* ('knowledge'), *eunoia* ('benevolence'), and *parrēsia*" ("Parrēsia" 229). Bradshaw, and by extension the medical profession, does not ignore shell shock as a serious condition, but his treatment is flawed by considering it a

curable and temporary illness. While Holmes and Bradshaw differ in their respective treatment of Septimus (Holmes recommends a trip to the country to alleviate Septimus's symptoms, Bradshaw is more severe in his treatment), they both signify a continuation of hegemonic control.

It is Clarissa Dalloway who, much like Septimus, sees through the veneer of Bradshaw and comes away with the perception that he is "obscurely evil" (MD 202). Bradshaw's manipulation is such that he appears to be an impartial professional, an objective judge of character interested in the welfare of his patients to everyone with the exception of Mrs. Dalloway. Mrs. Dalloway blames Bradshaw's vanity, his depersonalized and profit focused approach to medicine, and his elevated position above Septimus as a master-medical professional and gatekeeper to categories of sanity and insanity. More significantly Bradshaw is endemic of the medical profession as a whole, cordoning Septimus off from society. *Parrēsia*, as Foucault states, "is therefore a freedom, a freedom that the sovereign has to grant" ("Parrēsia" 231), a capacity which Bradshaw and Holmes deny Septimus. Bradshaw's depersonalized approach to treatment is analogous to the dehumanization of the war and how positions of authority have a vested interest in maintaining tyrannical methods of social conformity. Bradshaw's primary impetus for practicing is distinctly political with the main objective to "toil to raise funds, propagate reforms, initiate institutions!" (MD 11). Medical discourse is intimately connected to patriarchal authority. With no particular interest in the psychological betterment of Septimus's mental state, nor any consideration for Septimus's point of view, Bradshaw's only interest is in the securing of his own singular ideology and therefore his social position of prosperity. Foucault, in *Discipline and Punish*, refers to a "policy of coercions that act upon the body" (138) that treats the human body as "entering the machinery of power that explores it, breaks it down, rearranges it" (*Discipline* 138). This political mechanization of the corporeal, with Septimus's enforced confinement being the extension of discipline as a control measure and expression of patriarchal authority, emphasizes what Foucault describes as a discipline that "produces subjected and practised bodies, 'docile bodies'" (*Discipline* 138). Having gone through army training and now being subjected to the discipline of Bradshaw's proportion, Septimus is continually cajoled into normative modes of operation and that imposed categories which are disrupted by his eventual suicide.

Septimus, feeling trapped by the main ideological projects of war and patriarchy, conceives of suicide as the only recourse to convey his message. Upon hearing the arrival of Dr. Holmes, "the brute with red nostrils" (MD 161), Septimus feels the oppressive framework of professionalism and totalizing systems bearing down on him. Suicide then is an emblematic gesture of defiance as well as a progression of the despair Septimus feels over humanity resembling "lustful animals, who have no lasting emotions, but only whims and vanities" (MD 98). Septimus's compulsion to communicate and express his message is evident in "the table drawer [that] was full of these writings; about war; about Shakespeare; about great discoveries; how there is no death" (MD 153). However, since these will only be seen by Rezia, Septimus must resort to drastic efforts to "change the world. Make it known" (MD 26). In failing this endeavor Septimus feels it imperative to resort to brute physical action to communicate with the body what he could not in writing, having "called forth in advance of the mass of men to hear the truth" (MD 74).

The failure of Holmes and Bradshaw to properly diagnose or treat Septimus (a failure that Rezia places squarely on the shoulders of the medical profession: "Never, never had [she] felt such agony in her life! She had asked for help and been deserted!" [MD 108]) is emblematic of society's denial of the reality of the First World War. The brutality of trench warfare is paralleled in *Mrs. Dalloway* by an alienation from uncomfortable realities and a denial about the conditions of war. Septimus contemplates this denial as he watches Rezia assemble a hat:

For the truth is (let her ignore it) that humans have neither kindness, nor faith, nor charity beyond what serves to increase the pleasure of the moment. They hunt in packs. Their packs scour the desert and vanish into the wilderness. They desert the fallen. They are plastered over with grimaces. (MD 98)

Symbolically, Septimus's mental illness is in essence an incommunicable message and not just the delusions ascribed to him by Holmes and Bradshaw. Septimus's liminal position in the novel exemplifies the need for a dramatic sacrifice in order to convey his message to the world.

Septimus in *Mrs. Dalloway* is a brutally honest look at the effects of combat on a soldier returning home from the battlefield and the ways post-traumatic stress disorder was perceived by immediate post-war Britain. *Mrs. Dalloway* traces the system whereby men are not only trained for war but for social roles that force them into a converted position through which they exemplify Bradshaw's idea of proportion. Septimus, having returned home physically unharmed yet still deeply wounded, disrupts through his presence the existing power structures that lead to war. The hallucinatory episodes in fact are a critical engagement with the sins of society, and I would postulate that Septimus's suicide is a *parrësia* struggling against the repressive doctrines of the social body, attempting to subvert the dominant ideology while within that dominant ideology's discourse. Septimus's liminality and his urgent but incommunicable message illuminates a reluctance in British society to acknowledge a complicit role in the deaths of many young men. Bradshaw, according to the novel, "not only prospered himself but made England prosper, secluded her lunatics, forbade childbirth, penalised despair, made it impossible for the unfit to propagate their views until they, too, shared his sense of proportion" (MD 109). Bradshaw has positioned himself at the vertex of rationality and categorization, determining the validity of his patients' truths thereby restricting their capacity for confession outside the parameters he has established, including suicide. However, *Mrs. Dalloway* subverts traditional modes of perception (namely that Septimus's suicide is the desperate act of someone suffering from post-traumatic stress disorder) by having Clarissa, the character most removed from Septimus but to the reader the novel's focal point, recognize and find empathy with Septimus's final actions. Clarissa, and by extension the reader, locate an inevitable truth about war and its effects on the human psyche.

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#### Indifference over Sympathy: Transcendental Communication in Virginia Woolf's *On Being Ill* and *Mrs. Dalloway*

Soon after Virginia Woolf fell down in a faint at a party in 1925, she was confined to bed, which lasted for months with "all writing forbidden" (*Letters* [L] 3 217). The days in the sickroom were full of distress—a state, however, not only imposed by illness itself, but also the undulations of the mind as an inevitable corollary. As the body constantly intervenes throughout the day, "[a] great part of every day is not lived consciously" (*Moments of Being* [MOB] 70)—but in a state of "non-being" (70), as Woolf would later describe in her memoir. *On Being Ill* was born out of her contemplation during that period, which unfolds as a stream of dream-like thoughts, covering not only illness, but language, literature, the cinema, human nature, and life as a whole.

This article examines Woolf's representation of sympathy and communication in *On Being Ill* and how the theories are illustrated in her novel *Mrs. Dalloway*, particularly by the two protagonists Clarissa Dalloway and Septimus Smith. In the essay, Woolf emphasizes the conundrum of sympathy which requires communication but is impossible to communicate. Likewise, in the novel, it is the failure to communicate that leads to Septimus's suicide. Ironically, Clarissa interprets his suicide not as an escape, but "an attempt to communicate" (*Mrs. Dalloway* [MD] 137). This ultimate attempt succeeds, insofar as his intention is grasped by Clarissa. The transcendental communication (Clarissa and Septimus never meet each other) also serves as a resolution for both protagonists in the novel. What links them close together, as I will argue in this article, resides primarily in the natural world that transcends sympathy as an inter-subjective bond. The idea is meanwhile echoed in the illness essay, in which Woolf similarly addresses the indifference of nature as condolence.

Woolf's essay argues that illness has not been adequately represented because of the inexpressibility of suffering. The inner experience of the invalid, which is purely subjective, often goes beyond the reach of language. Because the experience is so subjective, whatever the invalid conveys through language only "serves but to wake memories in his friends' minds" (*On Being Ill* [OBI] 8) of their previous experience. Alphonse Daudet's study of pain echoes Woolf, arguing that words are doomed to fail in describing what pain really feels like, as "[t]hey refer only to memory, and are either powerless or untruthful" (15). Daudet further observes that "[p]ain is always new to the sufferer, but loses its originality for those around him" (19). In this vein, the inadequacy of language also evokes Jacques Lacan's concept of the signifier, which itself "has no meaning, only refers to another signifier of the signifying chain" (Glowinski, Marks, and Murphy 200). What the invalid really experiences is thus inexpressible/untransferable, for the moment it enters the symbolic register of language, it gets distorted and thus rendered void. Therefore, "sympathy we cannot have" (OBI 7), since, without the shared experience or mutual knowledge it is predicated upon, the so-called sympathy is no more than a masquerade, behind which nothing exists.

The problem with language in conveying inner experience also links the invalid with Septimus, the shell-shocked WWI veteran who struggles in vain for communication. Like the invalid whose inner experience exceeds or even resists language, Septimus suffers in finding a way to communicate because his experience threatens the established social order. Oscillating between his imaginary world and the real world, seeing what other people could not see, Septimus repeatedly claims that he knows the truth. However, society rejects his attempt to communicate by labeling him as mentally ill. His words are thus divested of power as they are seen as a sign of his madness or insanity. Whereas Dr. Bradshaw



preaches “proportion” and uses medical discourse to reify his social power, Septimus argues that “communication is health; communication is happiness” (MD 71).

Here, it is noteworthy that in this description of his mutterings, Woolf echoes her earlier essay “Montaigne”,<sup>1</sup> in which she writes, “[c]ommunication is health; communication is truth; communication is happiness”<sup>2</sup> (*The Common Reader* [CR1] 64-65). What Woolf perceives in Montaigne is his endeavor to “communicate his soul” (64). Nevertheless, this is by no means easy, for “[t]his soul, or life within us, by no means agrees with the life outside us” (59). For Septimus, “beyond the difficulty of communicating oneself, there is the supreme difficulty of being oneself” (CR1 59) because of his social alienation. Although his suicide has been read as an escape (see Brower 200-01; Henke 126; and Thomas 53-54), Septimus’s act can be understood as his defiant assertion against social conventions, or as Clarissa comprehends it: “Death was defiance. Death was an attempt to communicate; people feeling the impossibility of reaching the centre which, mystically, evaded them; closeness drew apart; rapture faded, one was alone. There was an embrace in death” (MD 137).

Most of society fails to grasp the meaning of Septimus’s suicide. Like Dr. Bradshaw and other party guests, they regard his death as no more than “a very sad case” (MD 136), a conventional tragedy of a traumatized patient. Nevertheless, Septimus’s act seems to have been sympathetically understood by Clarissa. But how is that possible since they never encountered each other? Here, Clarissa’s “transcendental theory” described earlier in the text seems to provide the explanation:

since our apparitions, the part of us which appears, are so momentary compared with the other, the unseen part of us, which spreads wide, the unseen might survive, be recovered somehow attached to this person or that, or even haunting certain places after death. (MD 114)

It is through this kind of transcendental communication that the “unseen part” of Septimus survives and haunts Clarissa. His exact message is left unclear, but despite its failure to translate into the symbolic except as absence, it does function to evoke Clarissa’s meditation upon life and death, or more exactly, reflection upon her own life through Septimus’s death. However, “she did not pity him” (MD 138)—she could not have shared his experience—but “[s]he felt somehow very like him” (MD 138), for it is Septimus who initiates her fantasy that is self-reflective in nature, and it is in this fantasy that she recovers an “unseen part” of herself that has long eluded her. If Septimus was devoid of a life outside his inner self, what Clarissa has long neglected, in contrast, is the inner life that is lost “in the processing of living” (MD 138). In other words, her sense of identity is largely built upon social discourse, or the symbolic order, without which she “must have perished” (MD 137). Clarissa thus has “an awful fear” (MD 137) in living this life to the end and feels glad that Septimus has killed himself, for she has been living under a mask. Like those so-called sympathizers whose “genial pretense must be kept up and the effort renewed—to communicate, to civilise, to share” (OBI 12), Clarissa has been wearing the mask to maintain the make-believe.

Although the novel’s ending emphasizes the importance of sympathy in privileging Clarissa’s understanding, in “On Being Ill,” Woolf argues, “[a]lways to have sympathy, always to be accompanied, always to be understood would be intolerable” (12). What makes sympathy problematic is in fact the lack of genuine sympathy, as Woolf further observes, “[s]ympathy nowadays is dispensed chiefly by the laggards and failures, women for the most part [...] who, having dropped out of the race, have time to spend upon fantastic and unprofitable excursions”

(10). In associating sympathy with people of inferior social status, Woolf positions genuine sympathy, which is largely free from social interventions, against the goal of civilization. By imposing social orders upon the public, civilization renders sympathy impossible and makes it merely a masquerade.

It is this masquerade of sympathy that makes life intolerable for Septimus. When Dr. Holmes prescribes that Septimus should be separated from Rezia, he says “[i]t was a question of law” (MD 73). This adherence to law, like Dr. Bradshaw’s preaching of “proportion” (MD 75-77), only functions to reinforce his own social authority, and hence to maintain the established social order. Septimus recognizes their masquerade, as Woolf describes the character in her preliminary notes for the novel, “[h]e [Septimus] must somehow see through human nature—see its hypocrisy, & insincerity, its power to recover from every wound, incapable of taking any final impression” (qtd. in Zwerdling 131). Human nature in this sense offers no comforts to Septimus and eventually condemns him to death. Instead, it is in the natural world that Septimus finds moments of consolation. As he looks up into the London sky, he is touched by its exquisite beauty, and when he closes his eyes, he further imagines the tree leaves as “connected by millions of fibres with his body” (MD 19). Septimus’s sense of connection with the natural world, however, does not reach Clarissa until after his suicide. As Clarissa stands in front of the window contemplating his death—or her own life—she also feels the beauty of the sky and renews her perception of the outside world. “He made her feel the beauty; made her feel the fun.” (MD 138) Thus the whole view appears completely new to Clarissa, as does the “unseen part” of her life she has newly discovered.

Here, it is interesting to note Woolf’s description of the sky as Clarissa sees it (which appeared in her earlier draft, but was deleted in the later version)—“the remarkable & indifferent nature of the familiar sight” (*The Hours* 397). The “indifferent nature” not only defines the fundamental essence of their transcendental communication, but also points to an alternative to the unattainable sympathy in *On Being Ill*:

Wonderful to relate, poets have found religion in nature; people live in the country to learn virtue from plants. It is in their indifference that they are comforting. That snowfield of the mind, where man has not trodden, is visited by the cloud, kissed by the falling petal[.] (15-16)

The indifference thus transcends a sympathy mired in the existing symbolic and instead goes beyond human relations. Unlike the sympathy whose deceptive nature renders it a mask between human beings, which “Nature is at no pains to conceal” (OBI 16). Indifferent coexistence which resides with nature thus offers a form of communication that is not circumscribed by given social forms. As invalids, Septimus and Clarissa (who has had influenza) share the privilege to “look at the sky for any length of time,” and it is in the very way that the invalid discovers what “has been going on” (OBI 13) in the sky that Clarissa discovers her inner life.<sup>3</sup> In this vein, we might as well say that sympathy exists, but only emerges from the encounter with nature.

In a way, Septimus does not have to die. “He did not want to die. Life was good. [...] Only human beings—what did they want?” (MD 111). Even at the very last moment before Septimus leaps to his death, he still shows a desire to know others and to communicate—a desire, if fulfilled, would have saved him from committing suicide. But seeing no hope in this ultimate quest, Septimus resorts to death as his final attempt to communicate. However, Clarissa “felt glad that he had done it” (MD 138), for he “plunged holding his treasure” (MD 137), a treasure he preserved through his death: “A thing there was that mattered; a thing, wreathed about with chatter, defaced, obscured in her own life, let drop every day in corruption, lies, chatter. This he had preserved” (MD 137).

<sup>3</sup> For more on the parallels between *On Being Ill* and *Mrs. Dalloway*, see Jane Fisher.

<sup>1</sup> For an account of the similarities between “Montaigne” and *On Being Ill* with regard to illness, see Carl Klaus and Lucio Ruotolo.

<sup>2</sup> I’m indebted to Wyatt Bonikowski, who points this out in his study on shell shock and modernist writings.

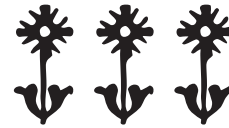


While this “thing” might be difficult to pin down, Clarissa recognizes its essential role in unveiling the masquerade imposed by social norms. The treasure thus points to something that underlies genuine sympathy and communication. By recovering this treasure as an “unseen part” of Septimus, Clarissa gains a new way in viewing and perceiving the outside world. It is with this renewed vision and perception that Clarissa finds it fascinating to watch the old lady in the opposite room and feels somehow attached to her. The transcendental connection, as Wyatt Bonikowski sees it, “suggests the possibility of a new relation [...] one not subject to the cultural and social requirements that Septimus finds repulsive and that many of the novel’s characters, including Clarissa, find unfulfilling” (167-68). Nevertheless, Clarissa has to return to the party—to her own life, but she returns differently, for she has regained her treasure in life.

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#### Flush, the Sickroom, and the Heroine

The 1933 novel *Flush* by Virginia Woolf is a compelling biography told from the point of view of a dog. It encompasses the life of its eponymous character and his human, the poet Elizabeth Barrett Browning. The novel has had, until recently, relatively little significant literary criticism, particularly through the perspective of disability studies. *Flush* presents a compelling narrative of disability, especially for the time it was published, as twentieth-century texts that include characters with disabilities who are accurately and respectfully portrayed are generally rare. Disability is typically “Othered,” but in the case of *Flush*, it is central to the plot. Nonetheless, critics typically mention that Barrett is an invalid but few investigate further, even though the story is an exception to disability tropes since Barrett’s disability is portrayed in a realistic and poignant light by Woolf. Still, it should be noted that Barrett’s disability is never specified in the novel, perhaps because the real Elizabeth Barrett Browning’s disability was unknown at the time (Buchanan 480). *Flush*’s perspective did not have medical discourse but is meaningful because women and animals are marginalized groups within the patriarchy. Thus, from *Flush*’s point of view, the reader can see that Barrett’s disability is exacerbated by the patriarchal context of Wimpole Street. This depiction is significant because, as Ruth Hubbard has noted, people with disabilities have often stressed that it is “far easier to cope with the physical aspects of a disability than with the discrimination and oppression they encounter because of it” (107). With *Flush*, Woolf is able to highlight this fact, portraying Barrett’s disability insightfully.

#### The Sickroom

Miriam Bailin describes the familiar setting of the sickroom in *The Sickroom in Victorian Fiction*, serving, at their most typical,

as a kind of forcing ground of the self—a conventional rite of passage issuing in personal, moral, or social recuperation. The scenes are precipitated by or fortuitously linked to moments of crisis during which the sufferers [...] have become separated from the social roles and norms by which they previously defined themselves. (5)

In *Flush*, Barrett’s disability is presented in a similar context. However, the narrative deviates from the classic Victorian trope of the sickroom. For instance, Barrett’s awareness that she is a writer provides great comfort, even though it may be considered a source of crisis because it was a profession not encouraged for women at the time. Nonetheless, the stimulation of writing keeps her as grounded and focused as possible, although it sometimes overwhelms her. For example, *Flush* would observe Barrett writing for hours “and her eyes would suddenly fill with tears” (*Flush* [F] 44-5). Susannah B. Mintz has noted that the erasure of women writers with disabilities is significant to writing, for “disability has tended to be stigmatized as a sign of failure and inadequacy, or ignored altogether as a meaningful component of identity” (69). This is because the concept of disability, as evidenced by the sickroom, is dangerous to society, despite being merely a social construct (Siebers 737). Thus, writing becomes a mode of representation in the sickroom, where Barrett is able to not only take back but to define the disabled body. In her examination of the Victorian sickroom, Bailin also claims that “so desirable are the conditions within the sickroom walls that characters are wont to express a desire to be or to remain sick in order to have access to its benefits” (6). It must be noted that Bailin has no intention of trivializing the hardships of disability, but instead means to



highlight the comforts of the sickroom. If this is true for certain stories, then it demonstrates how portrayals of disability are consistently faulty and problematic in suggesting that sickness is a choice, that people with disabilities are lazy. Woolf presents a different narrative where Barrett is able to manipulate the sickroom to her advantage; it becomes a safe haven for writing and subverting the patriarchy, which leads to her eventual escape. In fact, Buchanan has pointed out that biographer Margaret Foster alleged that the real Barrett Browning would “‘escape into illness’ [because it] was her way of dealing with the frustration of being an intelligent woman in Victorian England, or a reaction to the exceptional sternness of her widowed, religiously strict father” (480). Regardless, Woolf posits that the sickroom is nonetheless horrendous, despite its apparent protections, by presenting it through the perspective of Flush, who notes that the room is dark, haunting, and akin to a mausoleum, especially due to its smell. By likening Barrett’s sickroom to a tomb, Woolf deviates from traditional perspectives of the sickroom which construct it as a place of comfort—instead it is a place of horror and abjection, and it is especially evident as Flush comes face-to-face with Barrett for the first time and sees that “hers was the pale worn face of an invalid, cut off from air, light, freedom” (F 31).

Barrett rarely goes out, and when she is allowed to go out it is only in favorable weather, and she must be “veiled and muffled” (F 36). Clothing extends the restrictions of the patriarchal house. Although she may be covered in order to be protected from the weather, the clothes also conspire to make the disability mysterious and Other. This impulse to isolate and conceal has both a public and private aspect; Hubbard has noted that, “people shun persons who have disabilities and isolate them so they will not have to see them” (107). *Flush* shows that even when Barrett does receive guests occasionally, she cloaks her illness: “The bed would be carefully disguised as a sofa. The armchair would be drawn up beside it; Barrett herself would be wrapped becomingly in Indian shawls; the toilet things would be scrupulously hidden” (F 48). Having internalized social expectations, Barrett must veil her state of vulnerability. *Flush* shows how the Victorian sickroom functioned as a kind of stage in which the ill and well perform their identities. In company, Barrett becomes an actress—she “laughed, expostulated, exclaimed, sighed too, and laughed again,” but she would sink “back very white, very tired on her pillows” once her visitors left (F 49-50).

When fall approaches, Barrett must settle “down to a life of complete seclusion in her bedroom” (F 40). The language used by the narrator to describe Barrett’s time in the room again alludes to incarceration, as “she could not go out. She was chained to the sofa” (F 43). The environment becomes a cage, inducing Barrett’s depression, which causes her to lose her appetite. Flush ends up eating her food on her behalf. Her lack of appetite is construed as exhaustion, but the manner in which Woolf presents it indicates Flush had been eating Barrett’s food on her behalf for quite some time. Thus, her lack of appetite could be considered a side effect of her disability. Perhaps, in fact, her refusal to eat is a way to establish some control of her own, for her disability renders her unequal and thus at the machinations of others, similar to Woolf’s history with anorexia nervosa, which coincided with her menstruation and her half-brother’s assault (Showalter 268-69). As Barrett writes to Mr. Horne, “And then came the failure in my health [...] and then the enforced exile to Torquay [...] which gave a nightmare to my life for ever, and robbed it of more than I can speak of here” (F 45). Her refusal to eat, however, only serves to prolong her situation as that of a “bird in its cage” (F 57). She rarely leaves the family home and when she does, it is only for a short time and with assistance.

### The Heroine

Through the rigid cultural norms of the abled, Barrett is supposed to remain in the abjection of the sickroom. However, she becomes a champion of sexual and romantic agency when *Flush* progresses beyond the Victorian sickroom through the love story with Mr. Browning, which is based on writing and shared intellectual interests. This begs the

question, is Woolf trivializing Barrett’s disability? Did she simply need someone to love her so that she would be “fixed”? What is curious is that Barrett’s lack of appetite does not afflict her any longer; she begins eating again. However, as aforementioned, people with disabilities have noted that it is harder to cope with culture and society’s reaction to their disabilities than with the actual disability. If the reader considers this perspective, then Barrett’s sudden robust health can be contextualized. Mr. Browning does strengthen Barrett, but he is not necessarily her savior. While he certainly has some influence on her transformation and liberation, ultimately she comes into her own by realizing her worth, particularly through the act of writing. She had been working towards her health slowly but surely before Mr. Browning came along. Moreover, women with disabilities have been institutionally denied romantic and sexual agency, as Abby Wilkerson has noted, having been constructed as damaged and defective by culture and society. For Barrett, to be wanted and truly seen by Mr. Browning is a powerful catalyst. Nevertheless, it is only one of various factors, including writing, her maid Wilson, and Flush himself. Flush, however, perhaps impacts Barrett’s life more than Mr. Browning, as Flush’s kidnapping shows. Is it merely Flush’s point of view that explains his centrality to her health? There is extensive evidence of dogs serving as therapy for people with disabilities,<sup>1</sup> since they are a calming and grounding influence. Moreover, Flush may be considered to be family in a way that does not replicate the patriarchal house, whereas the marriage to Mr. Browning could. Thus, Barrett’s decision to stand up to her family and the act of speaking back to them and even to Mr. Browning when Flush is kidnapped is, in fact, radical and dangerous for her. By attempting to save Flush, she risks her life and relegation to the category of the ‘ill.’ Nonetheless, Barrett remains calm and reasonable in the face of this conflict, continuously practical and cautious about the situation, thereby upsetting the social construction that people with disabilities are incompetent, uneducated, and unable to make sound judgments. Flush is a central force that brings Barrett to the forefront, demanding to be seen and heard.

After being married for some time and living in Italy, Barrett finds out she is pregnant. For her, having a child is an act of healing, centering, and autonomy. This is seen when Flush examines how the former Miss Barrett (now Mrs. Barrett Browning) “had become two people” (F 134). Consequently, motherhood is an empowering experience for Barrett because exile from England and Flush’s perspective means her choices are not restricted nor questioned within a Victorian or misogynist frame. In Casa Guidi, Barrett Browning’s relationships with Flush, her maid Wilson, and Mr. Browning have allowed her to explore what it means to have agency, to be a woman and not an object, to be a mother, and to be a writer. Ultimately, *Flush* presents a narrative that rejects the gendered tropes of disability and the woman writer.

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<sup>1</sup>For a review of literature on this subject, see Connor and Miller 20-26.

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## "The borderland between life and death": The Spatial Politics of Illness in *The Years*

Virginia Woolf's writing has long been recognized as preoccupied with the politics and experience of illness, and several of her works are read as exemplary of illness narratives and autopathography. In *Mrs. Dalloway* and *On Being Ill*, Woolf's representation of illness is both ambivalent and consolatory: while the non-normative experiences of the invalid are necessarily restrictive, they also enable epiphanic vision. However, there is a noticeable shift in Woolf's late writing in the representation of illness. The perceptive and visionary consolations of illness hopefully proffered in the earlier fiction are noticeably absent in *The Years* (1937), in which Woolf offers a confronting picture of the ill and infirm living like "cripples in a cave" (*The Years* [Y] 282). Woolf's representation of illness has mutated: what tentative solace illness once offered is, by the end of the thirties, impossible. In *The Years* women are confined—threatened and threatening sources of bodily, political and sexual corruption. This pessimistic development parallels a broader literary shift in the nineteen thirties, in which the visionary possibilities promised by high modernism mutate into the grimy and sordid texts of late modernism.

### I. The Consolations of Illness

Woolf's interest in illness in *Mrs. Dalloway* and her 1926 essay *On Being Ill* is well known. *Mrs. Dalloway*, the experience of the sick woman, "beyond reason or logic," is sympathetically contrasted with the coldly rational approach of Holmes and Bradshaw (Utell 6). Likewise, *On Being Ill* (OBI), privileges the non-rational qualities of illness, which enhance the invalid's sensory perception: "[i]n illness words seem to possess a mystic quality. [...] If at last we grasp the meaning, it is all the richer for having come to us sensually first" (OBI 108).

During the Victorian period, illness was viewed as an opportunity for solitude, privacy, and freedom. Describing the confinement of tuberculosis sufferers and the insane alike, Sontag claims that in illness the sick find "a duplicate world with special rules [...] a kind of exile" (36). Elaine Showalter influentially argues that, for many Victorian women, "[s]ickness present[ed] a tempting escape from the contingency of the feminine role; it offer[ed] a respectable reason to be alone, and real, if perverse, opportunities for self-development" (*Female* 64). This doubled world, whether escape or exile, thus allows withdrawal into privacy even as it necessarily curtails material or public experience.

Jane Elizabeth Fisher has marked the tendency for women's narratives of the 1918 influenza pandemic to emphasize its constructive consequences: women become "courageous, reflective, and future-oriented" through the experience of illness, gaining insight – and the will to act upon it (36). While Woolf's representation of illness is by no means unambiguously celebratory, she nevertheless offers in this earlier writing a circumscribed consolation that echoes such representations of illness. For example, in *On Being Ill*, illness is "the great confessional" (104), severing the subject from the "cautious respectability" of ideal Victorian health and thus enabling a more honest communication (104). This is borne out in *Mrs. Dalloway*, Fisher argues, in Clarissa's enhanced capacity for vision (*Mrs Dalloway* [MD] 73). Likewise, Septimus's mental illness – which binds him narratively to Clarissa – is marked as mystic. This suggests that Woolf shared, in the nineteen twenties, what Susan Sontag diagnoses as a pathologically "romantic view [...] that illness exacerbates consciousness" (36-37) – that is, aggravates or irritates the conscious mind into a "paroxysmic enlightenment" (37).

A consolatory view of illness is particularly apparent in *Mrs. Dalloway's* attic scene (34-35), which demonstrates Woolf's fruitful ambivalence towards the sickroom. Clarissa feels like "a nun withdrawing, or a child exploring a tower" (MD 33), childish excitement and penitent resignation in her ascent. Clarissa's confinement is marked by a parallel retreat from sexuality that proves both oppressive and empowering; her virginity, "preserved through childbirth [...] clung to her like a sheet" (MD 34). The sheet becomes a shroud for Clarissa and her dormant sexuality; her confinement brings a sexual death, the narrator ominously intoning "[n]arrower and narrower would her bed be" (MD 33-34) until, presumably, it becomes a coffin. But voluntary mid-life celibacy provides a subversion of and an escape from maternal and marital expectation. Clarissa and Richard's conjugal arrangement enables both parties, as Jesse Wolfe argues, to "flourish in their separateness" (50) and for Clarissa to recognize the oppressive masculine romance embodied in the predatory Peter Walsh: "thank heaven she had refused to marry him!" (MD 50). Clarissa's confinement, however ambivalent, espouses the pragmatic feminism of Woolf's earlier work. The ill female body, neutered by the sickroom, is liberated from the aggressive desires of men, the clinging demands of motherhood, and the oppressive conventions of Victorian and Edwardian mores.

### II. The Spatial Politics of Dirt and Disorder

By the time *The Years* was published in 1937 the forms and language Woolf employed in writing about illness had shifted and mutated. Woolf's writing had always acknowledged the ways in which illness defies normative modes of being; in her earlier writing this proffered a kind of consolation ranged against the restrictions and cordons of Victorian ideology. In *The Years*, Woolf's sense of the ways in which illness entraps the female subject through both medical discourse and spatial confinement continue, but the consolations of the earlier fiction – the possibility of heightened vision – is impossible. The novel's invalid matriarch, Mrs. Pargiter, lives in a "private world" (Y 21) but one without solace or succor. Confined to her room, "even in sleep little obstacles lay across her path" (Y 20-21); here is not freedom from but haunting by Victorian convention. Illness and the confinement necessitated by illness fail to deliver escape from duty, convention, or expectation. Instead, illness is an unambiguous imprisonment within



a world that incubates its contagion. A reading of Woolf's spatial representation of illness in *The Years*, and her association of sickness with dirt, is instructive in further understanding her perception of the lingering Victorian values that kept women confined within the home.

Woolf's changing representation of illness can in part be explained by a growing historical mood of anxiety and malaise reflected in the obsession of several thirties texts with grime and filth, a reflection also of modernism's turn towards social or documentary realism. Anthony Powell's *Afternoon Men* (1931) dolefully notes smuts soiling the air of London, while in *Down and Out in Paris and London* (1933), George Orwell describes "inveterately dirty" hotel rooms housing "innumerable bugs" (n.p.). Later in the decade, Jean Rhys's *Good Morning, Midnight* (1938) finds "black specks" on hotel walls (12), while Christopher Isherwood's *Goodbye to Berlin* (1939) opens with a view of the "tarnished" and "dirty" streetscape viewed by Christopher's camera consciousness (3). These texts' concern with physical filth reflects the affective anxieties of a decade of economic straitening and increasing political tensions at home and abroad.

Mary Douglas, documenting the historical role and meanings of dirt, defines it as "essentially disorder"; attempts to control dirt represent "positive effort[s] to organise the environment" (2): dirt is thus a "by-product of a systematic ordering and classification of matter" (35). Dirt is paradigmatically associated with boundaries and their violation, whether in the Kristevan theory of abjection, in Stallybrass and White's work on transgression, or in William Ian Miller's *Anatomy of Disgust*. As Anne McClintock writes, during the Victorian period, dirt was implicated in a "poetics of surveillance, deployed increasingly to police the boundaries" between the 'normal' and 'abnormal' in the realms of work, leisure, and sexuality (154). Moreover, as William A. Cohen writes, during the nineteenth century dirt was fundamentally associated with disease (xix); the dirty body was associated with the sick body. Ian Scott Todd suggests that increasing urban density and metropolitan travel created a particularly modern problem in the need to manage and confine human waste in the name of public respectability (192). As Freud observed, dirt – whether on the body or in the street – is "incompatible with civilization" (46). From the Victorian period through to the early twentieth century, "filth supplies a means of both ordering and disrupting collective experience alike." (Cohen xxiv)

Transgression and dirt are closely associated due to the "undefinable" (Douglas 96) nature of the threshold as transitional space. In *The Years*, women are creatures of the threshold; sacred and profane, pure yet profoundly dirty, confined and controlled by doctrines of imprisonment and protection. Even by the novel's 'Present Day' the Pargiter women still occupy a liminal space associated with feminine dirt. Peggy, a successful doctor, observes her hands to be "a compromise [...] between science and..." (Y 310). Peggy's elliptical compromise leaves unstated the possible paradoxical associations embodied in the hands of a female doctor: between rationality and emotion, healing and illness, cleanliness and dirt, liberation and confinement. A woman in a historically masculine professional space, Peggy is neither more liberated, nor less managed than her predecessors trapped in the drawing-room; later, she compares her role within a patriarchal profession to monastic isolation (Y 337) and describes herself as "in a groove" (Y 336). Here, we should contrast Peggy's despair with Elizabeth Dalloway's hopeful ambition to become a doctor (MD 150). Peggy's cramped spatial metaphors show that the confinements of traditional femininity can extend even to the modern, apparently emancipated, working woman.

Dirt and sickness, characterized as feminine, are feared and managed through the assignation of appropriate space. Dirt in *The Years* symbolizes the unclassifiable; it is aligned with women and their transgression of behavioral, spatial, and physiological taboos. Women's paradoxical position—as threat to, and keeper of, the home and morality—results from a confusion of sacred and profane. Women are, to

borrow William Ian Miller's phrase, "moral menials" (184), domestically identified with the dirt they are supposed to keep in check.

In its gendered demarcation of space, the Victorian home had to make allowances for accommodating undesirable dirt, an affective as well as physical category. As Victoria Rosner demonstrates, the toilet exemplifies the Victorian home's simultaneous denial and accommodation of its necessary filth (73). Human waste, inappropriate gendered behavior and emotion were all policed with similar avidity (Rosner 68); significantly, in *The Years*, it is in the bathroom that Rose Pargiter self-harms (340). In *The Years* the sickroom likewise functions to cordon off the threat of dirt's contagion. By creating and policing a designated space for dirt and sickness, Abercorn Terrace ensures the continuation of a patriarchal household which circumscribes women within the domestic sphere both as invalid and caretaker. *The Years* shows that the Victorian house functions like Foucault's hospital, in which the ward is a "differentiated, distinct space" (19) that preserves the disease via viral, social, or indeed narrative replication and reproduction. Although Victorian women were granted a limited authority either in caring for the invalid or in claiming an invalid's identity, this authority is circumscribed by the larger patriarchal familial and medical hierarchies. Crucially, the Victorian house is not one lacking in dirt and disease, but one which reproduces filth as one of its many well-kept spatial "secrets" (Rosner 81). In *The Years*, Mrs. Pargiter's degraded body is thus the inevitable by-product of Victorian domesticity and a threat to its existence. For instance, Mrs. Pargiter interrupts the routines of Victorian domesticity by dying slowly: dinner is spoilt (Y 38) and the children are unable to go about their usual tasks of reading and sewing (Y 42). Delia, more explicitly, feels her mother is "an obstacle, a prevention, an impediment to all life" (Y 21).

While Mrs. Pargiter represents the presence of illness in the house – a threat contained by Victorian social forms – her daughters both embody and threaten Victorian spatial ideologies in their ability to contagiously move through sites of physical, emotional, and behavioral dirt, and cross the threshold of the private sphere into the public. For instance, Rose is reprimanded for a stain on her dress. Criticized twice by her father, Rose covers the stain in shame and embarrassment (Y 12, 15): the novel thus shows how Victorian ideology reproduces the association of female transgression and (social) dirt. The threshold confining Mrs. Pargiter, the "borderland between life and death" (Y 21), forms one of the "sites of intersection and difference" that Rosner identifies in modernist depictions of domestic space (65). Trapped and obviously disoriented, Mrs. Pargiter cries repeatedly "[w]here am I?" (Y 22, 23) and fails to recognize her daughter (Y 22). When Delia leaves her mother's sickroom, she echoes her disoriented liminality: "[w]here am I? [...]" For a moment she seemed to be in some borderland between life and death. Where am I?" (Y 24). The paradox of being between spaces, at the threshold of sickness, is experienced by the apparently healthy Delia; the verbal forms of illness ("where am I") are reproduced and replicated even outside of the sickroom, and are carried out of them by the nursing family member. Illness has become a purgatorial state, the threshold to the sickroom its spatial intersection.

Sara Pargiter in *The Years* suffers from a physical deformity that makes Abel Pargiter "uncomfortable" (117) and renders her body unfit for public interaction. Eugenie, loving her daughter "perhaps because of her shoulder" (Y 136), is nevertheless complicit in managing her bodily difference through enclosure (within both the sheets and the space of her room): "[w]hat did the doctor say? Lie straight, lie still" (Y 135). Sara thus encased enters a virginal death: she "laid herself out, under the cold smooth sheets, and pulled the pillow over her ears. The one sheet and the one blanket fitted softly round her" (Y 131). Thus Sara becomes a "chrysalis wrapped round in the sharp white folds of the sheet" (Y 138), her sheet-shroud recalling, in its coldness and whiteness, the clinging "white" sheet of Clarissa Dalloway's "cold" virginity (MD 34). Woolf uses the image of the chrysalis not to perpetuate normative bodily

ideologies but to subvert them: the chrysalis of course incubates a bodily mutation, but this need not be positive. Moreover the chrysalis is, like the sickroom, restrictive, enclosing the subject within uncomfortably narrow spatial boundaries. As Showalter notes, illness is only liberating up to a certain point: “a room of one’s own is a prison as well as a sanctuary” (“Killing” 344). The sickrooms of *The Years* are less like sanctuaries than prisons whose inhabitants are denied any upside to illness.

Despite this pessimism in Woolf’s late writing, the advent of a new, different sort of space – one not so rigorously managed – is proffered as a solution to the oppression of women and the sick. Maggie Pargiter and her husband Renny’s house is characterized as healthy in its disorder, in which dirt collects in communal spaces: the floor of the sitting-room is “strewn with papers,” and Renny proudly proclaims “we are extremely dirty” (Y 269). This new space has a profound effect on Eleanor which she attributes to “the light after the dark, talk after silence; the war, perhaps, removing barriers” (Y 271). The binaries organizing the Victorian house, “proper and improper, public and private, clean and dirty” (Rosner 65), no longer hold, as each category fruitfully contaminates the other.

### III. Moral Bodies

In the interwar period the disintegration of physical health was strongly linked to the disintegration of moral behavior in the national psyche (Overly 153). The great change in the aesthetics of Woolf’s ill bodies between *Mrs. Dalloway* and *The Years* indicates her evolving views on the ways in which illness and gender are put to work to categorize and degrade women’s bodies. In *Mrs. Dalloway*, Mia Carter argues, bodies suffer from “imperialist exhaustion” (112): Clarissa and Septimus are made sick by war-facilitated influenza and neurasthenia and are confined under an imperialist system of suppression. Importantly, Carter’s diagnosis can also be applied to the women of *The Years*, which describes its ill bodies in significantly more abject terms. As Patricia Moran writes, abjection in Woolf’s writing is characterized by “the disappearance of the speaking subject into the intolerable, uncontrollable, and engulfing significance of materiality: the body overwhelms, speaks for, drowns out the subject” (35). While Moran cites Clarissa Dalloway as hopelessly grounded in her physicality, it is in *The Years* that women experience the sheer “impossib[ility] to transcend embodiment” (Moran 85) in all its repulsiveness. In *The Years* it is not simply rebellious bodies like Septimus and Clarissa, but women as a gender who are made and kept sick by spatial, sexual, and political restriction, living as Eleanor laments “like cripples in a cave” (Y 282).

The novel’s opening chapter, describing Mrs. Pargiter’s protracted illness and death, uses grotesque imagery unusual for Woolf (Radin 27). Mrs. Pargiter appears “soft, decayed but ever-lasting” (Y 21), and Delia is repulsed by the “sour-sweet smell of illness” (Y 20). A self-sacrificing existence ensures a drawn-out, unglamorous death; equally grotesque and alarming is the cyclical repetition of spatial and bodily imprisonment upon Mrs. Pargiter’s descendants. Eleanor inherits both Mrs. Pargiter’s writing-table (Y 33) and the role of angel in the house; by 1908 she feels “old, heavy and dull” (Y 143). Similarly, Milly’s acceptance of marriage and maternity has caused a bodily degradation in which her body divides “into innumerable babies” (Y 356), budding like a hydra. Milly’s body is textually tainted like her ill mother’s. Where Mrs. Pargiter’s skin was “stained with brown patches” and her hair looks as though “dipped in the yolk of an egg” (Y 21), Milly’s skin is “colourless save for a brown stain on her forehead; and her hair colorless save for a stain like the yolk of an egg” (Y 357). North Pargiter sees Milly as rotting fruit, “soft and discoloured like a pear that has gone sleepy” (Y 357), completing her tri-degradation to animal, vegetable, and self-reproducing microbial. Maternity and matrimony have thus caused the demise of the daughter some fifty years after the mother.

Amidst *The Years*’s undeniable pessimism, however, Woolf proffers an alternative way of living. The new space of Maggie and Renny’s house with its unashamed dirt and dazzling light is free from those oppressive ideologies so embedded in the darkness of Abercorn Terrace which brought about the hereditary abjection of Mrs. Pargiter and her daughters. When entering this new space Eleanor feels as if walls have been removed, her movement freed (Y 271). Additionally, the aged heaviness she feels as angelic custodian of Abercorn Terrace (Y 143) is relieved upon its sale (Y 206, 207). New space in turn fosters new kinds of relationships: the companionate marriage of Maggie and Renny, and the deep communicative friendships between Nicholas, Eleanor, and Sara. Freedom from spatial and gendered confinement, from feminized illness and abjection, is possible only when women are released from old spaces and the traditional roles they enforce.

The development of Woolf’s representation of illness, space, and dirt is both political and personal and parallels a shift in modernist literary culture between the twenties and thirties, between high and late modernism. High modernist texts proffered a possibility for changing the world, and for exploring the transcendent, even liberating potential of domestic interiority as a space for subverting normative discourse. By the nineteen thirties, however, this enthusiasm had waned and in its place a preoccupation emerged in a preoccupation with dirt and grime. Such a preoccupation is perhaps an inevitable result of political, economic and social forces of the nineteen thirties: for instance the physical straitening, poverty and homelessness experienced during the Slump, or the political extreme of fascism that proclaimed progress even as it mandated an oppressive, violent conformity. As Tyrus Miller has argued, the writing of the nineteen thirties could no longer reproduce the transcendent effects of high modernism. Late modernism offers a “disfigured likeness” (Miller 14), that is, a sick modernism. Perhaps this is what we see in *The Years*, too – not a break but a mutation, from hopeful narratives of consolation and liberation, to a confrontation with the continuing confinement of women within the locked rooms of empire, home, and their own bodies. Woolf’s dirt, however, is not entirely to be deplored. A bi-product of oppression, it can also enable a potentially subversive disorder, eroding the imperialist pseudo-distinction between sacred and profane. In new space, dirt, aligned with women and illness, is an accepted aspect of modern life which proffers the (necessarily circumscribed) potential for bodily, spatial, and political autonomy.

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### Listening for the Voices of Women: A Close Reading of *On Being Ill*

Wherever were you going when you started on the 180- word sentence that begins your voyage *On Being Ill*? I turn the page to finish the sentence, expecting to find "undiscovered countries" of headaches and toothaches, falls and fevers. Instead I find your disappointment at literature's failure to deliver embodied accounts. In that first tightly constructed sentence of loosely associated thoughts, you report dislocation as you "come to the surface" (OBI 3) in the dentist's chair, and wonder why "illness has not taken its place with love and battle and jealousy among the prime themes of literature" (OBI 3-4).

Surely you know Mann's and Dumas's protagonists, who take the cure in mountain air or languish abed, their illness romanticized rather than

depicted as isolating, debilitating scourge. You rightly claim "the assault of fever or the on come of melancholia, are neglected" (OBI 5) and note the distractions authors use to deny, disavow, or distance themselves from the "hieroglyphic of misery" (OBI 9). The male novelists you know scarcely mention bodies amidst discussions of politics, philosophy, love, and war.

You wonder if writing the "daily drama of the body" (OBI 5) will be critiqued as plotless and loveless and cite the English language as a hindrance to describing states of illness. Sixty years hence, women scholars will not be "ignoring the body in the philosopher's turret" (OBI 5). They will "look at [...] relations between pain and language" (qtd. in Jurecic 55) and concur with your idea that the "poverty of language" (OBI 6) and "nothing ready made" (7) hinders sufferers' attempts to share experience. Elaine Scarry believes that a dearth of personal reports stems from pain's ability to unmake the world and, thus, makes descriptions of pain impossible. Nonetheless, your writing counters the theory that pain negates language's ability to convey subjective states. I read, "[...] a vulture sat on a bough above my head, threatening to descend and peck at my spine" in a letter to Vita Sackville-West (16 November 1925) (qtd. in Lee xvii) and sense your interest in personal accounts rooted in human bodies.

Trying to rally writers brave enough to join you in writing about illness, you send an S.O.S to Americans who, according to you, are good at coining words and able to "take liberties with the language" (OBI 7). You believe Americans do not follow rules, certainly not grammatical rules pertaining to the King's English. You call for voices to tell the body's pain. Unfortunately your invitation to write the physical body and its limits, will not receive its due response in your lifetime. Only in the late twentieth century, around the time compatriot Ann Hunsaker Hawkins coins the word pathography, will a wave of illness narratives swell. Lucy Grealy will write of childhood cancer, surgical pain, and facial deformity; Stephen Kuusisto will describe what partial blindness, due to premature birth, allows and disallows him; Jean-Dominique Bauby will blink out an account of his body locked-in by a cerebral vascular accident. You ask not only for stories of major illness backed by physical findings and sanctioned with a diagnosis but also for putting fever, insomnia, and sciatica on the page. You claim no particular malady but count yourself among rank and file invalids in "barracks of pain and discipline" (OBI 9) and suggest exaggerated social consequences if sympathy be extended to the sick: "buildings would cease to rise; roads would peter out into grassy tracks; there would be an end of music and of painting" (OBI 9). Your readers know that a world stripped of music, painting, and writing would be no world at all.

As you write your essay, some women shed their corsets, shorten their skirts, bob their hair, and dance the Charleston. They declare themselves modern women. Still you hear the silencing of bodies and souls, especially if they suggest weakness, pain, or sorrow. You desert "the army of the upright" (OBI 12) and call for a "new language [...] a new hierarchy of the passions" (OBI 7) in which to let the body speak.

Embodied in headache, "that odd amphibious life" (Woolf, *Writer's Diary* 80), you move between sickroom and garden, report sensations of shivering and melting like wax, register the hum of bees and the sound of a merry-go-round across a far field, as you contemplate earth and sky, body and soul. Like your heart, your mind jumps as you watch clouds buffet and "unselve" themselves and observe a rose, "still and steady" (OBI 14) loosen a single petal. Composing sentences and glorious images, you compose yourself and settle into convalescence, seemingly happy with the cinema of the sky and indifferent kiss of a falling petal before—for all your protests of needing neither company nor sympathy—your need for the company of writers surfaces.

After rejecting a round of visits by Gibbons, Flaubert, and James, you peruse important holdings in your "inner library" (see Frank 54): Coleridge, Donne, Hardy, Lamb, Mallarmé, Milton, Pope, Rimbaud,



and Shakespeare—not a woman among them. Charlotte Gilman Perkins is not a major writer but you do not confine yourself to the canon, as the reader learns shortly on in your essay. Placed on inactive duty—deployed to a “regime of restraint,” as you are (Lee xv), Ms. Perkins engages in what Arthur Frank calls “enactments of resistance” (77) and protests Dr. S. Weir Mitchell’s prescriptive ‘rest cure’ for women. She might serve as an ally in your campaign to include personal accounts of illness on the page. Or, perhaps, you have read Ms. Perkins and are disappointed that she fails to locate the narrator in her body but, rather, locates her in a room with yellow wallpaper, where she is left to stare at “a recurrent spot where the pattern lolls like a broken neck and two bulbous eyes stare at you upside-down” (Gilman 649).

*On Being Ill* seems to promise that you will make illness a character. Instead you flit from person to place to thing before settling (with apology) on Augustus Hare’s subjects: two noble women. Lady Canning is a lady-in-waiting in the court of Queen Victoria; Lady Waterford is married to an Irish lord. In some respects, the lives of these highborn sisters mirror Vanessa and you, who were “highborn” to intellectual circles and began your adult lives as ladies-in-waiting at the court of Bloomsbury. Like Louisa you are the younger sister and are “dumped down” (OBI 26) not in Ireland but in illness in a way that sometimes isolates you from family and friends. You are interested enough in the lives of these sisters to grant them a full fifth of the space on paper.

Your essay leads not to the point where Louisa’s adventure-seeking husband, who “rode stately as a crusader” (OBI 27), dies in a hunting accident but, rather, to the image of his widow standing steady as a rose at the library window. Watching his body borne away to burial, she grasps the window’s heavy curtain and crushes the velvet plush with such intensity that hours later Sir John Leslie<sup>1</sup> reads “traces left in the window-blind” as “writing in the folds caused by her squeeze that told more than words could” (Hare Loc 306).

You tell us, “We do not know [...] the souls of others” (11). I agree. What we know of the moment with Lady Waterford at the window “standing to see the hearse depart” (OBI 28), we know because Sir John, after witnessing the young widow’s pale, calm countenance and a crush of curtain fabric, was moved to represent in words what he saw as intense suffering. Augustus Hare—sufficiently moved by Leslie’s journal entry—included the scene in his biography of the two noblewomen. You, who know pain held in the body, pain expressed in action or illness, end your essay with that arresting image of silent grief.

It is not new to speculate on the role that grief, at the early loss of your mother, plays in your fevers and faints, malaise and melancholia. Hermione Lee reminds us that “longing for the absent loved one, and the desire to call out to her” (xviii) will make its way into the novel, which your head is full of, as you write an essay on being ill. She includes an excerpt from your diary: “Comatose with headaches. Can’t write (with a whole novel in my head, too—its damnable” (Lee xvii). Lee suggests that being ill is a bid for maternal care—care being something your mother was known for beyond your childhood home. Julia Stephen’s *Notes on Nursing*—published when you were a toddler—accompanies your essay in the 2012 Paris Press edition. In the novel, which Lee

<sup>1</sup> Sir John Leslie states that, “I was present at the sad termination of the Waterfords’ happy life—at his burial! I saw him borne away to the family mausoleum at Clonegam, about half a mile from the house—a chapel perched upon a hill—and, on going downstairs to join the procession, met accidentally, on her way to a window in the library whence she could see the last of her lord, the noble woman all swathed in crape, with her mother. She was pale and calm, but the grief that was written in her face I shall never forget: and I like to remember it, for I have seen nothing to equal it. I attended the service, and, on my return, thought I would like to see where she had stood to watch the sad departure. She had left traces on the window-blind, to which she had clung to look behind it at the departing hearse. This blind told me of her intense suffering, for there was the clutch of her fingers, as they wrinkled the surface in her anguish. There was writing in the folds caused by her squeeze that told more than words could of the heart’s despair” (Hare, Loc 349-60).

references, you will perform a family’s joys, frustrations, and multiple losses. You refuse to be silenced any longer and call for others to join you.

Hare’s three-volume account is filled with Charlotte, Louisa, and their mother’s letters. Forced by illness to retreat to Monk’s House and recover, you long for women’s voices on the page. You yearn for correspondence. In the Stewart women’s letters you find a “web [...] spreading wide and enmeshing every sort of cousin, dependant [sic], and retainer” (OBI 25). You find grandmothers, aunts, mothers, and daughters “cluster in chorus, and rejoice and sorrow and eat Christmas dinner together, and grow very old and remain very upright” (OBI 25-26).

As you muster courage to write and put *your* joys and sorrows on paper, you need to know that love and other agonies can be expressed and seen by another, and that a woman can go on living with strength and grace, as you know Lady Waterford did throughout her long life: visiting the poor, building schools, and remaining true to her own gift for painting.

You, who are prone to fainting and falling, read Louisa’s physical expression of grief there at the window as she “stuck to her post” (OBI 26) and remained upright. As you prepare to write *To the Lighthouse*, how can you not want the company and “benignant lustre” (OBI 23) of a woman who endures her passions and stays stalwart as a rose?

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## down, down into truth

"Directly I stop working I feel that I am sinking down, down.

And as usual, I feel that if I sink further I shall reach the truth."

Virginia Woolf, *Diary 3*, pg 235

A fumbling of buttoned cloth;  
a sort of sinking into stardust  
For one knows that the envelope of darkness  
Comes not sudden. One first objects,  
obfuscates, remaining  
Upright while the body has its way and the  
spirit secretly  
Rejoices in its own complicity.  
Somewhere the world stops for a while. Is  
that not the promise?

The stars themselves are not that easy to  
navigate,  
one ceases to work and dust gathers.  
The sky dances first before stars come into  
focus  
And often the revelation never comes or  
comes filtered,  
Sneaks in on feathered feet with eyes of  
moths  
And so seems unreal, or unrevealed, or  
both.  
One searches for the side of the triangle  
that allows entry  
But none comes; first the negotiation,  
Borders crossed, the beaded curtain of  
intuition pulled aside,  
The mind, the mind, pinned always close to  
the breast  
Mystically finds its way north on winding  
paths  
Wrapped about with an undergrowth of green and  
ivy platitudes  
Which one hears muffled,  
And then not at all.

A recumbent slacker recognizes always that ♪  
moment of being:  
Listening no longer required, silence,  
truth,  
A flotilla of knowing, nosing about  
among the shells and bones

Then healing  
And again the doubt.

*Sandra Inskip-Fox*  
*Independent Scholar and Poet*



### A List of Some of the Works on Virginia Woolf and Bloomsbury

Published in 2016



- James Acheson, ed. *Virginia Woolf*, Palgrave Macmillan.
- Jessica Berman, ed. *A Companion to Virginia Woolf*. Wiley-Blackwell.
- Julia Cameron, Roger Fry and Virginia Woolf. *Julia Margaret Cameron*. London: Pallas Athene.
- Madelyn Detloff, *The Value of Virginia Woolf*, Cambridge University Press.
- Amanda Golden, *Annotating Modernism: Marginalia and Pedagogy from Virginia Woolf to the Confessional Poets*, Taylor & Francis.
- Kathleen Heining, *Reflections: Virginia Woolf and her Quaker Aunt, Caroline Stephen*, Peter Lang.
- Clara Jones. *Virginia Woolf: Ambivalent Activist*. Edinburgh University Press.
- Barbara Lounsberry, *Virginia Woolf's Modernist Path: Her Middle Diaries and the Diaries She Read*, University Press of Florida.
- Ira Bruce Nadel, *Virginia Woolf*, Reaktion Books.
- Hilary Newman, *Virginia Woolf and Dorothy Richardson: Contemporary Writers*, Cecil Woolf Publishing.
- Chandler O'Leary and Jessica Spring, *Dead Feminists: Historic Heroines in Living Color*, Sasquatch Books.
- Frances Spalding. *Vanessa Bell, Portrait of a Bloomsbury Artist*, Tauris Parke Paperbacks.



Here Ends Issue 90, Fall 2016.

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array of essays to sell from their Bloomsbury Heritage Monograph Series and also spoke to the crowd at the banquet on Saturday evening.

Events also included a pre-conference trip to Haworth Parsonage, home of the Brontë sisters, where attendees were treated to a private talk on the Brontë family as well as Virginia Woolf's visit to the Parsonage in 1904. We even got to see and touch the visitors' guestbook Woolf signed at the time, and then had the opportunity to stroll through the peaceful village and take a long walk over those famous moors.

I could of course go on and on about Jane's wonderful conference, where everything was beautifully planned down to the very last detail: the comfortable and easily maneuverable venue, the coffee and tea breaks replete with the most amazing cakes you've ever had; a marvelous array of vendors selling books and an assortment of Woolfiana; the reunions among friends and colleagues; the laughter and conversation between panels; and above all the stellar presentations on Woolf and heritage. Many, many thanks to Jane, Tom, and Anne!

The 2017 Annual Conference on Virginia Woolf, Virginia Woolf and the World of Books will be held at University of Reading (June 29-July 2). The organizing committee members are Dr Nicola Wilson (Reading); Dr Bethany Layne (Reading); Dr Maddi Davies (Reading); Dr Claire Battershill (Simon Fraser University); Dr Alice Staveley (Stanford); Dr Helen Southworth (Oregon); Dr Elizabeth Willson Gordon (King's College, Edmonton), and Dr Vara Neverow (Southern Connecticut State University). For more information, see page 4 of this *Miscellany* or go to <https://woolf2017.com/>. The 2018 conference, Virginia Woolf, Europe and Peace, will be organized by Derek Ryan, Derek Ryan, Ariane Mildeberg, Peter Adkins, and Patricia Novillo-Corvalán and will be hosted by University of Kent. While none of these conferences are associated directly with the IVWS in any way, a significant number of the attendees are members of our Society.

And best wishes to all of you for a Happy New Year! May we strive for peace, understanding, critical thinking, good reading, and thoughtful stewardship of the environment in 2017 and throughout all our days.

Looking forward to seeing many of you at MLA in Philly!

*Kristin Czarnecki*  
*President, IVWS*



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# the Virginia Woolf Society



## The Society Column

I hope this new issue of the *Virginia Woolf Miscellany* finds everyone well—having enjoyed their academic year and reading, teaching, researching, writing about, and reveling in the life and writings of Virginia Woolf!

We had our own bit of revelry as the International Virginia Woolf Society sponsored two fantastic panels at MLA in January 2016 in Austin, Texas. Our guaranteed panel was Mark Hussey's **Textual Woolf**, which addressed two facets of our twenty-first-century literary world: how Woolf scholarship might benefit from today's digital tools and from new scholarly editions of her works, and how to respond when our students download unreliable electronic texts of Woolf—some of which are purposely riddled with typos and nonsense words and phrases in order to avoid copyright infringement.

The first panelist in Austin was John Young of Marshall University, whose paper "How Should One Read a Draft? Virginia Woolf and Moments of Publication" explored Woolf's propensity to revise her drafts extensively the closer they moved toward publication. Thus John presents a "newly detailed way of understanding the act of publication in Woolf's career." Next, Benjamin Hagen of the University of South Dakota presented "Kindling Taste, or How I Tried Going Paperless and (Finally) Became a Common Reader." A long commute by rail to and from work in his recent past inspired Benjamin to begin reading Woolf on his iPhone 6's Kindle application. Focusing on electronic variants of "Kew Gardens," his paper reflected on his experience of reading *on the move* "to highlight a tension between the scholarly mission of producing expensive academic editions of Woolf's writings [...] and a 21<sup>st</sup>-century activity of common e-reading." In "Macroanalyzing Woolf," Jana Miller Usiskin of the University of Victoria, Canada, discussed her findings upon analyzing Woolf's novels "algorithmically by using word correlation, weight, and frequency to find textual similarities and differences across Woolf's corpus of texts." Via such machine learning methods along with historical analysis, Jana and her colleague were able to track the ebb and flow of Woolf's most pressing concerns in her novels, including space, war, and gender.

Maren Linett presided over **Woolf and Disability**, the IVWS's joint panel with the Committee on Disability Issues in the Profession. The panel began with Louise Hornby from UCLA presenting "On Being Still: Woolf, Illness, and Immobility," which examined moments in Woolf's *oeuvre*, such as "On Being Ill," when lying prone and still becomes an act of resistance and a means of achieving greater objectivity. "Woolf casts the inability to move," Louise states, "[...] as an epistemological position that dismantles traditional modes of embodied subjectivity." In his paper "Labor Pains: Disability, Work, and Reproduction in *To the Lighthouse*," Matt Frank of the University of West Georgia explored the intersection of disability with race, class, and gender in the novel, noting that the mental and physical disabilities of Mrs. McNab, who labors to render the Ramsays' summer home fit for visitors, "are all materially and aesthetically productive."

Because one of her panelists had to bow out, Maren presented on the panel as well. In "Deformity in Virginia Woolf's *The Years*," part of a larger project on disability in Woolf, Maren argues that two types of deformity arise in the novel: "a spiritual deformity that comes from participating too eagerly in patriarchal capitalist culture, and an artistic deformity that characterizes late modernism." She finds the character Sara, with a spinal curvature leaving one shoulder higher than the other, "dissociated from the former, paradoxically because her disability casts her out of the mainstream of that culture; but . . . associated with the latter, indeed serving as the fulcrum around which Woolf explores and

critiques modernism's compromises with history as Europe marches back toward war."

On Saturday, January 9<sup>th</sup>, a group of Woolfians gathered for a lively Society dinner in Austin at Fonda San Miguel, a fabulous venue consistently named one of the best Mexican restaurants in the United States. Sixteen of us enjoyed conversation, laughter, and, of course margaritas, tacos, enchiladas, and never-ending bowls of chips and salsa while surrounded by colorful art and décor.

We head to Philadelphia in early January for this year's MLA. Pamela Caughie from Loyola University, Chicago, will preside over the IVWS's guaranteed panel, "Virginia Woolf Scholars Come to Their Senses," on Saturday, January 7, from 1:45-3:00 in Room 112A in the Pennsylvania Convention Center. In addition, our dinner gathering will be at the Saloon Restaurant on Friday, January 6, at 7:00 p.m. Those who are planning to attend should have confirmed their seats in November.

MLA 2018 is scheduled for New York City from January 4-7. Thais Rutledge from Texas State University will preside over our guaranteed panel, "Woolf's Spaces." Her call for papers reads: Following the "spatial turn" in literary studies, we invite papers that consider the concepts of space, place, and mapping in Woolf's life and work. Please send a 250-word abstract and vita to [tr129@txstate.edu](mailto:tr129@txstate.edu) by March 8, 2017.

We have happily celebrated Woolfian events in the spring, including the second annual **Angelica Garnett Essay Prize for Undergraduates** (see page . Essays can be on any topic pertaining to the writings of Virginia Woolf, between 2,000 and 2,500 words in length, including notes and works cited, with an original title of the entrant's choosing. Essays are judged by the officers of the International Virginia Woolf Society: Kristin Czarnecki, President; Ann Martin, Vice-President; Alice Keane, Secretary-Treasurer; and Drew Shannon, Historian-Bibliographer. The winner receives \$200 and has the essay published in the *Virginia Woolf Miscellany*.

We are pleased to announce the 2016 winner: "Feeling the Glory, Feeling the Lack: Virginia Woolf, Terrence Malick and the Soldier's Sublime," by Allen Fulgham, a May 2016 graduate of New York University. You can enjoy reading the full essay in Issue 90 of the *Virginia Woolf Miscellany*. Congratulations, Allen!

For the 2017 contest, please send essays to Kristin Czarnecki, [kristin\\_czarnecki@georgetowncollege.edu](mailto:kristin_czarnecki@georgetowncollege.edu), in the latest version of Word. All entries must be received by **June 5<sup>th</sup>, 2017**. To receive an **entry form**, please also contact Kristin.

Of course, the biggest, most wonderful event this summer for Woolfians was the 26<sup>th</sup> Annual International Conference on Virginia Woolf at Leeds Trinity University in Leeds, England, from June 16-19, hosted by Reverend Dr. Jane de Gay and co-organizers Tom Breckin and Anne Reus. With the theme of Virginia Woolf and Heritage, the conference drew together hundreds of students, scholars, teachers, and common readers of Virginia Woolf from around the world for four days of presentations, keynote addresses, round-table discussions, and pre- and post-conference excursions. Plenary speakers included Laura Marcus, Suzanne Raitt, Marion Dell and Jean Mills, and David Bradshaw. Dr. Bradshaw's talk at the conference was his last public lecture as sadly, he passed away on September 13, 2016. Attendees also enjoyed the presence of Cecil Woolf and Jean Moorcroft Wilson, who brought an

*(The Society Column continues in the second column on page 67.)*